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the number of cases, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____ (No. _____ St. _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 State Index No. 116

ORIGINAL CERTIFICATE OF BIRTH
 Co. Registrar's No. 510
 Local Registrar's No. _____

FULL NAME OF CHILD Francisca Santos
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Born } YES
 } Alive } NO

Sex of Child Female } and } Number in order of birth 7 } Legiti- } Date of Birth Oct. 4 } 1921
 } } } mate? yes } Month Day Yr.

FATHER
 Full Name Flavio Santos
 Residence Miami, Arizona
 Color or Race Mex. Age at last Birthday 35 Years
 Birthplace Durango, Mex
 Occupation miner

MOTHER
 Full Maiden Name Mariana De La Riva
 Residence Miami, Arizona
 Color or Race Mex. Age at last Birthday 30 Years
 Birthplace Zacatecas, Mex.
 Occupation Housewife

Number of child of this Mother 7 Number of Children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Oct. 4, 1921, at 7:30 P.M.
 { *When there is no attending physi- }
 { cian or midwife, then the householder }
 { should make this return. }

Signature C. M. Crow M.D.
 Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report. _____ 191____ Filed Oct 20 1921 Address Miami, Arizona

629-1004-441
 COUNTY REGISTRAR.

A True Copy
 Filed 11-7 1921

B. W. Hilde
 LOCAL REGISTRAR.
B. W. Hilde
 COUNTY REGISTRAR.