ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 119

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 512

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Miami

or

City of _____ (No. _____ St. _____ Ward)

FULL NAME OF CHILD Francisco Avila — Born Alive: YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child: Male | ~~Twin, Triplet~~ or other | and | Number in order of birth | Legitimate? yes | Date of Birth: Month Oct. Day 5 Yr. 1921

FATHER

Full Name: Evaristo Avila

Residence: Miami, Arizona

Color or Race: Mex.

Age at last Birthday: 23 Years

Birthplace: Jalisco, Mex

Occupation: Miner

MOTHER

Full Maiden Name: Guadalupe Castro

Residence: Miami, Arizona

Color or Race: Mex

Age at last Birthday: 18 Years

Birthplace: Nogales, Sonora, Mex

Occupation: Housewife

Number of child of this Mother: 1 | Number of Children, of this mother, now living _____ | 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. 5, 1921, at 11:30 A.M.

*When there is no attending physician or midwife, then the householder should make this return.

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

Address: Miami Ariz.

Given or Christian name added from a supplemental report _____ 191__

Filed Oct 10 1921 — B. N. Hardy, LOCAL REGISTRAR.

611-1005-236 — COUNTY REGISTRAR.

A True Copy — Filed 11-7 1921 — B. Day, COUNTY REGISTRAR.

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