

1211

the number of each, 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.

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

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

State Index No. 128
 Co. Registrar's No. 524
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

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

Sex of Child	Male	Twin, Triplet or other	}	and	}	Number in order of birth	11	Legitimate?	yes	Date of Birth	Oct	15	1921
										Month	Day	Yr.	
FATHER						MOTHER							
Full Name	<u>Pudenciano Romero</u>					Full Maiden Name	<u>Josepha Flores</u>						
Residence	<u>Miami, Arizona</u>					Residence	<u>Miami, Arizona</u>						
Color or Race	<u>Mex</u>	Age at last Birthday	<u>39</u>	Years		Color or Race	<u>Mex</u>	Age at last Birthday	<u>39</u>	Years			
Birthplace	<u>Zacatecas, Mex</u>					Birthplace	<u>Zacatecas, Mex</u>						
Occupation	<u>Laborer</u>					Occupation	<u>Housewife</u>						

Number of child of this Mother 11 | Number of Children, of this mother, now living 5 | 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. 15, 1921, at 1 P. 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.*

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

Address Miami, Arizona

Filed Oct 20 1921 LOCAL REGISTRAR. B. J. Sot

Filed 11-7 1921 A True Copy COUNTY REGISTRAR. B. J. Sot

996-1015-162 COUNTY REGISTRAR.