N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and 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.

PLACE OF BIRTH

County of Gila

District of

Town of Miami
or
City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 145

Co. Registrar's No. 527

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Baby Gamboa

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

Born Alive: ~~YES~~ NO

Sex of Child	~~Twin, Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth Month	Day	Yr.
Male			5	Yes	Oct.	20	1921

FATHER		MOTHER	
Full Name	Atanacio Gamboa	Full Maiden Name	Jesus Rosalez
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex.	Color or Race	Mex.
Age at last Birthday	40 Years	Age at last Birthday	30 Years
Birthplace	Jalisco, Mexico	Birthplace	Jalisco, Mexico
Occupation	Laborer	Occupation	Housewife

Number of child of this Mother 5 | Number of Children, of this mother, now living 4 | 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. 20, 1921, at 7:30 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.*

Address Miami, Arizona

Given or Christian name added from a supplemental report ..... 191..

Filed Oct 25 1921 B. [illegible]
LOCAL REGISTRAR.

071-1020-199
COUNTY REGISTRAR.

A True Copy
Filed 11-7 1921 B. G. [illegible]
COUNTY REGISTRAR.