

11:15

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 _____ (No. _____ St. _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 148
 Co. Registrar's No. 530
 Local Registrar's No. _____

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

Sex of Child Female Twin, Triplet or other } and { Number in order of birth 1 Legitimate? yes Date of Birth Oct. 20 - 1921
 Month Day Yr.

FATHER
 Full Name Manuel Armenta
 Residence Miami, Arizona
 Color or Race Met. Age at last Birthday 34 Years
 Birthplace Cavanea, Mexico
 Occupation Miner

MOTHER
 Full Maiden Name Pablo Paurez
 Residence Miami, Arizona
 Color or Race Met. Age at last Birthday 26 Years
 Birthplace Durango, Mex
 Occupation Housewife

Number of child of this Mother 7 Number of Children, of this mother, now living 6 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 5:45 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.*

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

Address Miami, Arizona

511-1020-719
 COUNTY REGISTRAR.

Filed Oct 25 1921 B. J. ... LOCAL REGISTRAR.
 Filed 11-7 1921 ... COUNTY REGISTRAR.