1627

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 155

Co. Registrar's No. 534

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 David Alarcon

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

Born Alive: YES ~~NO~~

Sex of Child: Male | ~~Twin, Triplet~~ or other: and | Number in order of birth: 5 | Legitimate? yes | Date of Birth: Oct. 25 1921 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	Alberto Alarcon	Full Maiden Name	Irenia Reyes
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	28 Years	Age at last Birthday	27 Years
Birthplace	Chihuahua, Mex.	Birthplace	Chihuahua, Mex
Occupation	Laborer	Occupation	Housewife

Number of child of this Mother: 5 | 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. 25, 1921, at 11 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 28 1921 B. M. Hard
LOCAL REGISTRAR.

415-1025-992
COUNTY REGISTRAR.

Filed 11-7 1921 A True Copy B. G. Fox
COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.