1830

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 158

Co. Registrar's No. 537

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 Christina Olmos

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

Born Alive YES NO

Sex of Child Female | ~~Twin, Triplet~~ or other | and | Number in order of birth 4 | Legitimate? yes | Date of Birth Oct. Month

FATHER		MOTHER	
Full Name	Gregorio D. Olmos	Full Maiden Name	Theresa Dominguez
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex.	Color or Race	Mex.
Age at last Birthday	25 Years	Age at last Birthday	22 Years
Birthplace	Zacatecas, Mex.	Birthplace	Las Cruses, New Mex.
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 4 | 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 25, 1921, at 6 50 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 30 1921 B. M. Hand LOCAL REGISTRAR.

362-1025-349 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.