[redacted]

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. 105

Co. Registrar's No. 555

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Margaret Benites

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.)
Female			2	yes	Oct.	28	1921

FATHER		MOTHER	
Full Name	David Benites	Full Maiden Name	Ester Kirkland
Residence	Claypool, Arizona	Residence	Claypool, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	23 Years	Age at last Birthday	18 Years
Birthplace	Durango, Mex	Birthplace	Congress, Ariz
Occupation	Driver	Occupation	Housewife

Number of child of this Mother 2 | Number of Children, of this mother, now living 2 | 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. 28, 1921, at 4:30 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.*

Address Miami, Arizona

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

Filed Oct 28 1921 R. Mandy
LOCAL REGISTRAR.

422-1028-524
COUNTY REGISTRAR.

Filed 11-7 1921 A True Copy
COUNTY REGISTRAR.