ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 166

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 556

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 Estella G. Barajas

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 | Legitimate? yes | Date of Birth: Oct. 28 (Month) 1921 (Day) (Yr.)

FATHER		MOTHER	
Full Name	Reyes Baracas	Full Maiden Name	Augustina Gamboa
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	25 Years	Age at last Birthday	16 Years
Birthplace	Mexico	Birthplace	Jalisco, Mex
Occupation	Miner	Occupation	Housewife

Number of child of this Mother: 1 | Number of Children, of this mother, now living: 1 | 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 8:30 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 30 1921 B. M. Hardy
LOCAL REGISTRAR.

222-1027-171
COUNTY REGISTRAR.

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

*This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.

the number of each, in order of birth, stated.