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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 122

Co. Registrar's No. 577

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town or City of Miami (No. ..... St: ..... Ward)

FULL NAME OF CHILD Jose Felix Vendrell | Born Alive | YES ~~NO~~

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Yr.)
Male				Yes	Nov.	9	1921

FATHER		MOTHER	
Full Name	Jose Vendrell	Full Maiden Name	Catelina Milan
Residence	Miami	Residence	Miami
Color or Race	White	Color or Race	White
Age at last Birthday	36 Years	Age at last Birthday	29 Years
Birthplace	Spain	Birthplace	Spain
Occupation	Baker	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 Nov. 9 1921, at 1:30 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature C. I. Sotel M.D.
Attending physician, midwife, householder.*

Address Miami Ariz

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

Filed Nov 20 1921 B M Hoard LOCAL REGISTRAR.

153-1109-345
COUNTY REGISTRAR.

A True Copy

Filed Dec 5 1921 B. G. Fox COUNTY REGISTRAR.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each 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.