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N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for the number of each, in order of birth, stated. This certificate must be filed by the attending or midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH  
County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or  
City of \_\_\_\_\_

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 123  
Co. Registrar's No. 578  
Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Ramon Solano Born  YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive  NO

Sex of Child Male Twin, Triplet or other \_\_\_\_\_ } and { Number in order of birth 5 Legitimate? yes Date of Birth Nov. 9 1921  
Month Day Yr.

FATHER  
Full Name Espidion Solano  
Residence Miami, Arizona  
Color or Race Mex Age at last Birthday 41 Years  
Birthplace Sinaloa, Mexico  
Occupation Miner

MOTHER  
Full Maiden Name Paz Gerardo  
Residence Miami, Arizona  
Color or Race Mex Age at last Birthday 28 Years  
Birthplace Baja, California  
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 Nov. 9 1921, at 4 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.\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 191

Address Miami, Arizona

926-1109-776  
COUNTY REGISTRAR.

Filed Nov 20 1921 B. H. H. H. LOCAL REGISTRAR.  
Filed Dec 5 1921 B. G. G. G. COUNTY REGISTRAR.  
A True Copy