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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1332

Co. Registrar's No. 586

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 Adela Alarcon

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: 12 | Legitimate? yes | Date of Birth: Nov. 15 - 1921 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	Ramon Alarcon	Full Maiden Name	Juliana Lopez
Residence	Miami - Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	29 Years	Age at last Birthday	24 Years
Birthplace	Durango - Mex	Birthplace	Durango - Mex
Occupation	Miner	Occupation	Housewife

Number of child of this Mother: 6 | 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 Nov. 15 - 1921, at 12 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 Nov 20 1921 B. M. Hand
LOCAL REGISTRAR.

115-1115-139
COUNTY REGISTRAR.

Filed Dec 5 1921 A True Copy B. G. Fox
COUNTY REGISTRAR.

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.