

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.

PLACE OF BIRTH
County of Dela
District of _____
Town of Miami
or
City of _____ (No. _____ St. _____ Ward)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. 133
Co. Registrar's No. 288
Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

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

Sex of Child Female Twin, Triplet or other yes } and { Number in order of birth 1 } Legitimate? yes } Date of Birth Nov. 15 1921
Month Day Yr.

FATHER
Full Name Ramon Alarcón
Residence Miami - Arizona
Color or Race Mex Age at last Birthday 29 Years
Birthplace Durango - Mex
Occupation Miner

MOTHER
Full Maiden Name Juliana Lopez
Residence Miami - Ariz
Color or Race Mex Age at last Birthday 24 Years
Birthplace Durango - Mex
Occupation Housewife

Number of child of this Mother 5 Number of Children, of this mother, now living 3 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 11 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

115-1115-139
COUNTY REGISTRAR.

Filed Nov 20 1921 B. M. H. J. LOCAL REGISTRAR.

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