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

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144

Co. Registrar's No. 598

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Leonore Gallardo — Born Alive: YES ~~NO~~

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

Sex of Child Female — ~~Twin, Triplet~~ or other — and — Number in order of birth 4 — Legitimate? yes — Date of Birth Nov. 21 1921 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Maximiliano Gallardo	Full Maiden Name	Victoriana Luzana
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex.	Color or Race	Mex.
Age at last Birthday	27 Years	Age at last Birthday	23 Years
Birthplace	Agua Calientes, Mex.	Birthplace	Agua Calientes, Mex
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 4 — 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. 21 1921, at 12:05 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.*

Address Miami, Ariz.

Given or Christian name added from a supplemental report 191

Filed Nov 30 1921 — B. M. Hand — LOCAL REGISTRAR.

376-1121-581

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

COUNTY REGISTRAR.