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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 107

Co. Registrar's No. 613

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

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

FULL NAME OF CHILD Marin Sandoval | 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 | Legitimate Yes | Date of Birth Dec. 10 1921 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Rito Sandoval	Full Maiden Name	Stephana Lopez
Residence	Miami	Residence	Miami
Color or Race	Mexican	Color or Race	Mexican
Age at last Birthday	31 Years	Age at last Birthday	27 Years
Birthplace	Mexico	Birthplace	Las Cruces, N. Mex
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 4 | 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 Dec. 10 1921, at 4 P. M.

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

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

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

Address Miami Ariz

Filed Dec 20 1921 B. M. Hardy LOCAL REGISTRAR.

423-1210-239
COUNTY REGISTRAR.

Filed Jan 6 1922 A True Copy B. G. Fox COUNTY REGISTRAR.

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.