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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 124

Co. Registrar's No. 629

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 Faviano Avila

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

Born Alive: YES ~~NO~~

Sex of Child: Male | ~~Twin, Triplet~~ or other | and | Number in order of birth: 5 | Legitimate? yes | Date of Birth: Dec. 22 1921 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	Eulogio Avila	Full Maiden Name	Cipriano Alvarado
Residence	Claypool - Ariz.	Residence	Claypool - Ariz.
Color or Race	Mex.	Color or Race	Mex.
Age at last Birthday	38 Years	Age at last Birthday	25 Years
Birthplace	Durango, Mex	Birthplace	Durango - Mexico
Occupation	Miner	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 Dec. 22, 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.*

Address Miami, Arizona

Given or Christian name added from a supplemental report _____ 191__

Filed Dec 30 1921 B. M. Hardy
LOCAL REGISTRAR.

611-1222-316
COUNTY REGISTRAR.

A True Copy

Filed Jan 6 1922 B. G. Fox
COUNTY REGISTRAR.

Or mailed with each local Registrar within 5 days after birth.