2339

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 118

Co. Registrar's No. 53

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 Pablo Bejar

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 1 | Legitimate? yes | Date of Birth Feb. 23, 1922 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	Pablo Bejar	Full Maiden Name	Nita Barella
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex.
Age at last Birthday	23 Years	Age at last Birthday	18 Years
Birthplace	El Paso, Texas	Birthplace	El Paso, Texas
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 1 | 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 Feb. 23, 1922, at 11 10 P.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 Feb 28 1922

B. M. Hand
LOCAL REGISTRAR.

729-223-521
COUNTY REGISTRAR.

Filed Mar 9 1922

A True Copy

B. G. Fox
COUNTY REGISTRAR.

the number of each, in or midwife with each local Registrar within