2347

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 124

## ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 63

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 Maria Bargas

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

Born Alive: YES / NO

Sex of Child Female | Twin, Triplet or other | and | Number in order of birth 3 | Legitimate? yes | Date of Birth Feb. 28 1922 (Month, Day, Yr.)

**FATHER**

Full Name Ramon Bargas

Residence Miami, Arizona

Color or Race Mex

Age at last Birthday 43 Years

Birthplace Sinaloa, Mex

Occupation Miner

**MOTHER**

Full Maiden Name Ignacia Montoya

Residence Miami, Arizona

Color or Race Mex

Age at last Birthday 35 Years

Birthplace Baja, California

Occupation Housewife

Number of child of this Mother 3 | Number of Children, of this mother, now living 3 | Were precautions taken against Ophthalmia neonatorum? _____

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Feb. 28, 1922 at 3:55 A.M.

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

Signature C. M. Cron M.D.
Attending physician, midwife, householder.*

Address Miami, Ariz.

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

Filed Feb 28 1922 B. W. Hardy
LOCAL REGISTRAR.

422-228-941
COUNTY REGISTRAR.

Filed Mar 9 1922 A True Copy B. G. Joy
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.