193

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 131

Co. Registrar's No. 79

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 Ramona Rea | 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 3 | Legitimate? yes | Date of Birth March 5 1922 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Ramon Rea	Full Maiden Name	Salia Hernandez
Residence	Died six months ago -	Residence	Miami - Ariz.
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	25 Years	Age at last Birthday	22 Years
Birthplace	Jalisco - Mex	Birthplace	Coahuila - Mex
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 3 | 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 March 5 1922 at 1 30 A.M.

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

Signature J. M. Crow M.D.
Attending physician, midwife, householder.*

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

Address Miami - Ariz.

Filed Mar 31 1922 B. M. Hardy
LOCAL REGISTRAR.

991-305-289
COUNTY REGISTRAR.

Filed 4-5 1922 A True Copy B. G. Fid
COUNTY REGISTRAR.

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