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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.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH  
County of Yuma  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

State Index No. 134  
Co. Registrar's No. 76  
Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Pedro Martinez Born YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child Male Twin, Triplet or other \_\_\_\_\_ and Number in order of birth 12 Legitimate? yes Date of Birth March 7 1922  
Month Day Yr.

FATHER  
Full Name Pedro E. Martinez  
Residence Miami, Arizona  
Color or Race Mex. Age at last Birthday 45 Years  
Birthplace Grande Co., New Mex.  
Occupation Miner

MOTHER  
Full Maiden Name Fedelina Olesio  
Residence Miami, Arizona  
Color or Race Mex. Age at last Birthday 35 Years  
Birthplace Secoria Co., New Mex.  
Occupation Housewife

Number of child of this Mother 12 Number of Children, of this mother, now living 10 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 7, 1922 at 7 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.\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_  
749-307-656  
COUNTY REGISTRAR.

Address Miami, Arizona  
Filed Mar 10 1922 B. M. Hardy LOCAL REGISTRAR.  
Filed 4-5 1922 A True Copy B. S. J. H. COUNTY REGISTRAR.