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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

State Index No. 149

Co. Registrar's No. 88

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 Bruno Reyes

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 4 | Legitimate yes | Date of Birth March 15 1922 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Alberto Reyes	Full Maiden Name	Plaza Flores
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex.	Color or Race	Mex.
Age at last Birthday	28 Years	Age at last Birthday	26 Years
Birthplace	Coahuila, Mexico	Birthplace	Morenci, Arizona
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 4 | Number of Children, of this mother, now living 4 | 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 15, 1922 at 12 30 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 Mar 31 1922 B. M. Hardy
LOCAL REGISTRAR.

292-315-762
COUNTY REGISTRAR.

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