228

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 156

Co. Registrar's No. 94

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 Gabriel Romero | Born Alive | YES ~~NO~~

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

Sex of Child	~~Twin, Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth (Month / Day / Yr.)
Male			1	yes	March 18 1922

FATHER		MOTHER	
Full Name	Urbano Romero	Full Maiden Name	Sarah Sanchez
Residence	Miami - Arizona	Residence	Miami - Arizona
Color or Race	Mex.	Color or Race	Mex.
Age at last Birthday	24 Years	Age at last Birthday	18 Years
Birthplace	Morenci - Arizona	Birthplace	Lordsburg - New Mex.
Occupation	Machine man	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 March 18, 1922 at 5 30 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 - Arizona

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

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

T96 318-229 COUNTY REGISTRAR.

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

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