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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 173

Co. Registrar's No. 107

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 Gavina Trujillo

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: 5 | Legitimate? yes | Date of Birth: March 28 1922 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	Alberto Trujillo	Full Maiden Name	Concepcion Madero
Residence	Miami - Arizona	Residence	Miami - Arizona
Color or Race	Mex	Color or Race	Mex.
Age at last Birthday	27 Years	Age at last Birthday	30 Years
Birthplace	Hermosillo - Mex.	Birthplace	Najaret - Mexico
Occupation	Miner	Occupation	Housewife

Number of child of this Mother: 5 | Number of Children, of this mother, now living: 5 | 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 28, 1922 at 8 45 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 Mar 31 1922 B. M. Wade LOCAL REGISTRAR.

736-328-346 COUNTY REGISTRAR.

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