992

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 125

Co. Registrar's No. 170

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 Ricardo Sanchez | 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			3	yes	April	21	1922

FATHER		MOTHER	
Full Name	Aniceto Sanchez	Full Maiden Name	Victoriana Gonzalez
Residence	Miami, Arizona	Residence	Miami, Ariz
Color or Race	Mex.	Color or Race	Mex.
Age at last Birthday	35 Years	Age at last Birthday	22 Years
Birthplace	Jalisco, Mexico	Birthplace	Zacatecas, 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 April 21, 1922 at 7 20 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 Apr 30 1922 A. M. Ford LOCAL REGISTRAR.

A True Copy

929-426-579 COUNTY REGISTRAR.

Filed 5/6 1922 B. G. Fox 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.