4677

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. 112

Co. Registrar's No. 206

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 Victor Gobea | Born Alive | YES ~~NO~~

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

Sex of Child Male | ~~Twin, Triplet~~ or other | and | Number in order of birth 3 | Legitimate? yes | Date of Birth May 19 1922 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Julian Gobea	Full Maiden Name	Ignacio Miranda
Residence	Miami, Ariz.	Residence	Miami - Arizona
Color or Race	Mex.	Color or Race	Mex.
Age at last Birthday	22 Years	Age at last Birthday	21 Years
Birthplace	Mex City - Mexico	Birthplace	Chihuahua - Mex
Occupation	Laborer	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 May 19, 1922, at 11 30 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature J. M. Crow M. D.
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report 191

Address Miami, Arizona

Filed June 1 1922

LOCAL REGISTRAR.

571-519-941
COUNTY REGISTRAR.

Filed 7-5 1922

A True Copy

COUNTY REGISTRAR.