4680

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. 115

Co. Registrar's No. 209

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 Jose Vasquez

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 6 | Legitimate? yes | Date of Birth May 24 1922 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Arcadio Vasquez	Full Maiden Name	Timotea Garcia
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex.	Color or Race	Mex.
Age at last Birthday	34 Years	Age at last Birthday	31 Years
Birthplace	Aguas Caliente-Mex	Birthplace	Solomonville, Ariz.
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 6 | Number of Children, of this mother, now living 6 | 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 24, 1922 at 2 P.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.*

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

Address Miami, Ariz.

Filed June 1 1922 B. M. Haid LOCAL REGISTRAR.

159-524-371
COUNTY REGISTRAR.

Filed 7-5 1922 A True Copy B. G. Fox
COUNTY REGISTRAR.