4684

N. B.—[illegible] of more than one child at birth, [illegible] or each, and the number of each, in order of birth, stated. This certificate must be filled by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of

Town of Miami
or
City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 218

Co. Registrar's No. 210

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Julia Trieto

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 4 | Legitimate? yes | Date of Birth May 27 1922 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Juan Trieto	Full Maiden Name	Juana Gonzalez
Residence	Miami, Ariz	Residence	Miami, Arizona
Color or Race	Mex.	Color or Race	Mex.
Age at last Birthday	35 Years	Age at last Birthday	28 Years
Birthplace	Zacatecas Mex	Birthplace	Zacatecas Mex
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 4 | Number of Children, of this mother, now living 4 | 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 27, 1922, at 8 25 P.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.*

Given or Christian name added from a supplemental report 191

Address Miami, Ariz.

Filed June 1 1922 [signature] LOCAL REGISTRAR.

136-527-179
COUNTY REGISTRAR.

Filed 7-5 1922 A True Copy [signature]
COUNTY REGISTRAR.