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... more than one child at birth, a SEPARATE RETURN must be made for each, 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

PLACE OF BIRTH
County of Hila State Index No. 48
District of _____ Co. Registrar's No. 221
(Town of Miami or _____ Local Registrar's No. _____
City of _____ (No. _____ St; _____ Ward)

FULL NAME OF CHILD Maria Clida Nestis Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child <u>Female</u>	Twin, Triplet or other _____	and	Number in order of birth <u>2</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 2 - 1922</u>
Full Name <u>FATHER</u> <u>Manuel Nestis</u>		Full Name <u>MOTHER</u> <u>Genovive Bariga</u>			
Residence <u>Miami Arizona</u>		Residence <u>Miami Arizona</u>			
Color or Race <u>Mex</u>	Age at last Birthday <u>30</u> Years	Color or Race <u>Mex</u>	Age at last Birthday <u>24</u> Years	Birthplace <u>Chihuahua - Mex</u>	
Occupation <u>Miner</u>		Occupation <u>Housewife</u>			

Number of child of this Mother 2 | Number of Children, of this mother, now living 2 | 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 June 2 - 1922 at 9:30 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.*

Address Miami, Arizona

Given or Christian name added from a supplemental report _____ 191____

452-602-721
COUNTY REGISTRAR.

Filed June 25 1922
A True Copy
Filed 7-5 1922
LOCAL REGISTRAR.
COUNTY REGISTRAR.