

2343

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Dila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. Chickadee ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1000  
Co. Registrar No. 222  
Local Registrar No. \_\_\_\_\_

2. Full name of child Theodora Bartzelas } If child is not yet named, make supplemental report, as directed

3. Sex of child female To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth June 3, 1922 (Month, day, year)

8. FATHER Full name Eus. Bartzelas

14. MOTHER Full maiden name Choley Cota

9. Residence (Usual place of abode) Miami, Ariz. If nonresident, give place and State

15. Residence Miami, Arizona (Usual place of abode) If nonresident, give place and State

10. Color or race White 11. Age at last birthday 37 (Years)

16. Color or race Mexican 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Greece (State or country)

18. Birthplace (city or place) Mexico (State or country)

13. Occupation Timberman Nature of Industry Timberman

19. Occupation Housewife Nature of Industry \_\_\_\_\_

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) } (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:10 a.m. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature [Signature] (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_ (Month, day, year)

Filed June 16, 1922 [Signature] Local Registrar

Filed 7-6, 1922 [Signature] County Registrar

322-603-331  
Registrar.