

2382

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

PLACE OF BIRTH  
County of Dale  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 210  
Co. Registrar's No. 287  
Local Registrar's No. \_\_\_\_\_

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

Sex of Child Female } and } Number in order of birth 6 } Legitimate? yes } Date of Birth June 20 - 1922  
Twin, Triplet or other } } } } } Month Day Yr.

FATHER  
Full Name Jose Apodoca  
Residence Miami, Arizona  
Color or Race Mex. Age at last Birthday 34 Years  
Birthplace Las Cruces, New Mex.  
Occupation Miner

MOTHER  
Full Maiden Name Rita Moreno  
Residence Miami, Arizona  
Color or Race Mex. Age at last Birthday 31 Years  
Birthplace Phoenix, Arizona  
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 June 20, 1922 at 3 A.M.  
\*When there is no attending physician or midwife, then the householder should make this return.

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

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_

Address Miami, Arizona

711-620-946  
COUNTY REGISTRAR.

Filed June 25 1922 LOCAL REGISTRAR.

Filed 7-6 1922 A True Copy B. J. Fox COUNTY REGISTRAR.