

2391

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.

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

ARIZONA STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 130  
 Co. Registrar's No. 269  
 Local Registrar's No. \_\_\_\_\_

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

Sex of Child Male Twin, Triplet or other \_\_\_\_\_ and Number in order of birth 7 Legitimate? yes Date of Birth June 22 1922  
 Month Day Yr.

FATHER		MOTHER	
Full Name	<u>Estanislau Puente</u>	Full Maiden Name	<u>Juachina Aronta</u>
Residence	<u>Miami, Arizona</u>	Residence	<u>Miami, Arizona</u>
Color or Race	<u>Spainard</u>	Color or Race	<u>Spainard</u>
Age at last Birthday	<u>34</u> Years	Age at last Birthday	<u>34</u> Years
Birthplace	<u>Santander, Spain</u>	Birthplace	<u>Santander, Spain</u>
Occupation	<u>Miner</u>	Occupation	<u>Housewife</u>

Number of child of this Mother 7 Number of Children, of this mother, now living 7 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 22, 1922 at 9 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\_\_

475-622-111  
 COUNTY REGISTRAR.

Address Miami, Arizona  
 Filed June 30 1922  
 LOCAL REGISTRAR.

Filed 7-5 1922 A True Copy  
 COUNTY REGISTRAR.