2402

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 147

Co. Registrar's No. 264

Local Registrar's No. .....

PLACE OF BIRTH

County of Gril

District of .....

Town of Miami

or

City of ..... (No. ..... St; ..... Ward)

FULL NAME OF CHILD David Picaso

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive: YES ~~NO~~

Sex of Child: Male | ~~Twin~~, ~~Triplet~~ or other: | and | Number in order of birth: 7 | Legitimate? yes | Date of Birth: June 28 - 1922 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Inez Picaso	Full Maiden Name	Philiberta Delgado
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex.	Color or Race	Mex
Age at last Birthday	40 Years	Age at last Birthday	35 Years
Birthplace	Jalisco, Mexico	Birthplace	Jalisco, Mexico
Occupation	Miner	Occupation	Housewife

Number of child of this Mother: 7 | 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 28, 1922 at 6 10 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..

Filed June 30 1922 B. M. Ford LOCAL REGISTRAR.

476-628-746
COUNTY REGISTRAR.

Filed 7-5 1922 A True Copy B. G. Fox COUNTY REGISTRAR.

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.