

2404

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 Yuma
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. 149
Co. Registrar's No. 266
Local Registrar's No. _____

FULL NAME OF CHILD Carlos Trujillo 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 3 Legitimate? yes Date of Birth June 29 1922
Month Day Yr.

FATHER
Full Name Rafael Trujillo
Residence Miami, Arizona
Color or Race Mex Age at last Birthday 25 Years
Birthplace Puecon, Mex
Occupation Miner

MOTHER
Full Maiden Name Antonia Perez
Residence Miami, Arizona
Color or Race Mex Age at last Birthday 20 Years
Birthplace Turkey, Mex
Occupation Housewife

Number of child of this Mother 3 Number of Children, of this mother, now living 3 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 29, 1922 at 11 A.M.

*When there is no attending physician or midwife, then the householder should make this return.

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

Given or Christian name added from a supplemental report _____ 191

Address Miami, Arizona

336-629-179
COUNTY REGISTRAR.

Filed June 30 1922

Filed 7-5 1922

A True Copy

B. Hardy
LOCAL REGISTRAR.

W. J. Joy
COUNTY REGISTRAR.