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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 112

Co. Registrar's No. 304

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of Miami

or

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

FULL NAME OF CHILD Charley Romero | Born Alive | YES ~~NO~~

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

Sex of Child Male | ~~Twin, Triplet~~ or other | and | Number in order of birth 1

Date of Birth 7 / 11 / 1922 (Month / Day / Yr.)

FATHER		MOTHER	
Full Name	unknown	Full Maiden Name	Adelina Romero
Residence	—	Residence	Miami Ariz.
Color or Race	—	Color or Race	white Mexican
Age at last Birthday	— Years	Age at last Birthday	17 Years
Birthplace	—	Birthplace	Ariz
Occupation	—	Occupation	House Keeper

Number of child of this Mother 1 | Number of Children, of this mother, now living 1 | 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 7/11/ 1922 at 7 A.M.

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

Signature T H Slaughter
Attending physician, midwife, householder.*

Address Miami Ariz

Given or Christian name added from a supplemental report ..... 191..

Filed July 27 1922

A M Hardy
LOCAL REGISTRAR.

396-711-196
COUNTY REGISTRAR.

Filed 8-8 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.