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N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each 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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 158

Co. Registrar's No. 331

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Jose Aranda

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: 2 | Legitimate? yes | Date of Birth: July (Month) 23 (Day) 1922 (Yr.)

FATHER

Full Name: Petronelio Aranda

Residence: Miami, Arizona

Color or Race: Mex. Age at last Birthday: 28 Years

Birthplace: Jalisco, Mexico

Occupation: Miner

MOTHER

Full Maiden Name: Patrocina Garcia

Residence: Miami, Arizona

Color or Race: Mex. Age at last Birthday: 28 Years

Birthplace: Jalisco, Mexico

Occupation: Housewife

Number of child of this Mother: 2 | Number of Children, of this mother, now living: 2 | 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 July 23, 1922 at 1:30 A.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 7/31 1922 B. W. Hall
LOCAL REGISTRAR.

111-723-771
COUNTY REGISTRAR.

Filed 8-8 1922 A True Copy B. G. Fick
COUNTY REGISTRAR.