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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 124

Co. Registrar's No. 346

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 Rosaura Bracomontes | Born Alive | YES ~~NO~~

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

Sex of Child Female | ~~Twin, Triplet~~ or other | and | Number in order of birth | Legitimate? yes | Date of Birth Aug. 3- 1922 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	Pedro Bracomonte	Full Maiden Name	Elvira Carilla
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	30 Years	Age at last Birthday	28 Years
Birthplace	Florence, Arizona	Birthplace	Altar, Sonora, Mex.
Occupation	Miner	Occupation	Housewife

Number of child of this Mother ..... | Number of Children, of this mother, now living ..... | 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 Aug 3- 1922 at 11 25 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 8/7 1922 B. M. Hard LOCAL REGISTRAR.

922-803-531 COUNTY REGISTRAR.

Filed 9-7 1922 A True Copy B. G. Fox COUNTY REGISTRAR.

...the number of each, in order of birth, ... must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.