4765

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 123
Co. Registrar's No. 436
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 Sofia Trujillo
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive: YES ~~NO~~

Sex of Child: Female | ~~Twin, Triplet~~ or other | and | Number in order of birth: 4 | Legitimate? yes | Date of Birth: Sept. 16 – 1922 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	Alejandro Trujillo	Full Maiden Name	Luz Aguilar
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex.	Color or Race	Mex.
Age at last Birthday	34 Years	Age at last Birthday	20 Years
Birthplace	Zacetecas, Mexico	Birthplace	Zacetecas, Mexico
Occupation	Machine helper	Occupation	Housewife

Number of child of this Mother: 4 | 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 Sept. 16, 1922 at 9 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.*

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

Address Miami, Ariz.

Filed Sep 23 1922 — C. M. Ford, LOCAL REGISTRAR.

236-916-319
COUNTY REGISTRAR.

A True Copy
Filed Oct 6 1922 — B. G. Fox, COUNTY REGISTRAR.