

4795

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Dulo
District of _____
Town of _____
or
City of Miami No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 147
Co. Registrar No. 460
Local Registrar No. _____

2. Full name of child Ernesto Trepi (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed)

3. Sex of child M To be answered ONLY in event of plural births.
4. Twin, triplet or other. no
5. No., in order of birth 1st
6. Legitimate? yes
7. Date of birth 9-27-22 (Month, day, year)

8. Full name of FATHER M. Trepi

14. Full maiden name of MOTHER Leonor Jaquez

9. Residence (Usual place of abode) Miami, Ariz
If nonresident, give place and State

15. Residence (Usual place of abode) Miami
If nonresident, give place and State

10. Color or race Mex
11. Age at last birthday 37 (Years)

16. Color or race Mex
17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Mexico
(State or country)

18. Birthplace (city or place) Arizona
(State or country)

13. Occupation Mixer
Nature of Industry

19. Occupation H. W.
Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)
(a) Born alive and now living one (b) Born alive but now dead one (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 10 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature G. J. Sabuyque M.D.
(Physician or midwife)

Address Miami - Ariz

Given name added from a supplemental report _____
(Month, day, year)

Filed 9/29, 1922 B. M. Hardy
Registrar

539-929-612
Registrar

Filed Oct 6, 1922 B. M. Hardy
County Registrar