

4796

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

State Index No. 145
 Co. Registrar's No. 459
 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 Adolpho Marcillas } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Male } and } Number in order of birth 1 } Legitimate? yes } Date of Birth Sept. 27 1922
 Twin, Triplet or other _____ } _____ } _____ } _____ } Month Day Yr.

FATHER
 Full Name Amelio Marcillas
 Residence Miami, Arizona
 Color or Race Mex Age at last Birthday 26 Years
 Birthplace Jalisco, Mex
 Occupation Miner

MOTHER
 Full Maiden Name Francisca Marcillas
 Residence Miami, Arizona
 Color or Race Mex. Age at last Birthday 29 Years
 Birthplace Jalisco, Mexico
 Occupation Housewife

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 Sept. 27 1922 at 4:30 P.M.
 Signature D. M. Crow M.D.
 Attending physician, midwife, householder.*

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

Given or Christian name added from a supplemental report. _____ 191____
 Filed Apr 30 1922 B. W. Hard LOCAL REGISTRAR.
142-927-642 A True Copy Filed Oct 6 1922 B. E. J. J. COUNTY REGISTRAR.
 COUNTY REGISTRAR.