2519

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 126

Co. Registrar's No. 470

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 Reyes. Born Alive YES ~~NO~~

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

Sex of Child Male | ~~Twin, Triplet~~ or other | and | Number in order of birth 5 | Legitimate? yes | Date of Birth Oct. 2 1922 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Castulo Reyes	Full Maiden Name	Bruna Gutierrez
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex.	Color or Race	Mex.
Age at last Birthday	Years	Age at last Birthday	25 Years
Birthplace	Chihuahua, Mex	Birthplace	Chihuahua, Mex.
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 5 | Number of Children, of this mother, now living 5 | 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 Oct. 2 1922 at 3 30 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 Oct 2 1922

B. W. Hardy
LOCAL REGISTRAR.

092-1002-279
COUNTY REGISTRAR.

Filed 11/6 1922

A True Copy

B. G. Fox
COUNTY REGISTRAR.

...n case of more than one child at birth, a Supplemental Report must be filed by the attending F... the number of each, in order of birth, stated. This certificate must be filed by the attending F... or midwife with each local Registrar within 5 days after birth.