ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 110

Co. Registrar's No. 532

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 Maria Garibay

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 10 | Legitimate? yes | Date of Birth Nov. 7 1922 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Antonio Garibay	Full Maiden Name	Octaviana Acosta
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex.	Color or Race	Mex.
Age at last Birthday	32 Years	Age at last Birthday	34 Years
Birthplace	Guadaljara, Mexico	Birthplace	Chihuahua, Mexico
Occupation	Trainman	Occupation	Housewife

Number of child of this Mother 10 | Number of Children, of this mother, now living 10 | 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 Nov. 7 1922 at 9 25 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.*

Address Miami, Arizona

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

Filed 11/21/22 1922 B. W. Hardy by C. E. Irvin
LOCAL REGISTRAR.

478-1107-611
COUNTY REGISTRAR.

Filed 12/5 1922 A True Copy B. G. Fox
COUNTY REGISTRAR.

This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.