ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 125

Co. Registrar's No. 554

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 Raoul Nungaray

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

Born Alive: YES ~~NO~~

Sex of Child	~~Twin, Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth Month	Day	Yr.
Male			5	yes	Nov.	14	1922

FATHER		MOTHER	
Full Name	Jose Nungaray	Full Maiden Name	Eugenia Garcia
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	35 Years	Age at last Birthday	24 Years
Birthplace	Zacatecas, Mexico	Birthplace	Rincon, New Mexico
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 Nov. 14 1922 at 7:50 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 11/21 1922 B. W. Hardy by C. E. Irwin
LOCAL REGISTRAR.

958-1114-571
COUNTY REGISTRAR.

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

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