PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

ıty of Gila

rict of Globe

n of Globe

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 138

Co. Registrar No. 638

Local Registrar's No.

of ..... (No. ..... St. ..... Ward)

L NAME OF CHILD Amalia Caro

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

Born / Alive: YES / ~~NO~~

of	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
F.			1	No	Dec. 31 1922 (Month) (Day) (Yr.)

FATHER		MOTHER	
e	Manuel Caro	Full Maiden Name	Fernanda Nuñez
lence	Miami, Ariz.	Residence	Globe
ıce	Mex	Color or Race	Mex
	Age at last Birthday 29 (Years)		Age at last Birthday 22 (Years)
place	New Mexico	Birthplace	Morenci, Ariz
pation	Miner	Occupation	

ıber of Child this mother	Number of children of this mother now living	Were precautions taken against Ophthalmia neonatorum?
1	1	Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

eby certify that I attended the birth of the above child, and that it occurred on 12-31 1922, at 12 A M.

When there is no attending physi- ı or midwife, then the householder ıld make this return.

(Signature) Clarence Gunter M.D.
(Attending physician, midwife, householder.*)

·en or Christian name added from a ıtal report ..... 192.....

Address .....

Filed 1/3 1923 B. G. Fox LOCAL REGISTRAR.

A True Copy

Filed 1/6 1923 B. G. Fox COUNTY REGISTRAR.

COUNTY REGISTRAR.

136-1231-659