

Write plainly with Unfacsimy ink.—This is a permanent Record.
 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

PLACE OF BIRTH
 County of Gila State Index No. 110
 District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 17
 Town of Miami Local Registrar's No. _____
 or _____
 City of _____ (No. _____ St. _____ Ward)

FULL NAME OF CHILD Louis De La Paz Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child Male Twin, Triplet or other } and { Number in order of birth 8 Legitimate? Date of Birth Jan - 1 - 1923
 Month Day Yr.

FATHER
 Full Name José De La Paz
 Residence Miami Ariz
 Color or Race White Age at last Birthday 34 Years
Mexican
 Birthplace Mexico
 Occupation Laborer

MOTHER
 Full Maiden Name Lorena Chavez
 Residence Miami Ariz
 Color or Race White Age at last Birthday 29 Years
Mexican
 Birthplace Mexico
 Occupation Housewife

Number of child of this Mother 8 Number of Children, of this mother, now living 4 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 Jan - 1 - 1923, at 9 P. M.
 { *When there is no attending physician or midwife, then the householder should make this return. }

Signature J. A. Slaughter
 Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191_____
349-101-369
 COUNTY REGISTRAR.

Address Miami Ariz
 Filed Jan 31 19123
 A True Copy
 Filed 2/8 19123
Charles E. Brown LOCAL REGISTRAR.
W. S. J. J. J. COUNTY REGISTRAR.