PLACE OF BIRTH

County of Gila

District of

Town of Miami
or
City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 142

Co. Registrar's No. 174

Local Registrar's No.

(No. St: Ward)

FULL NAME OF CHILD August L. Barcelero Jr.

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			2	yes	3	13	1923

FATHER		MOTHER	
Full Name	August L. Barcelero	Full Maiden Name	Angelita Ravero
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	White	Color or Race	White
Age at last Birthday	33 Years	Age at last Birthday	25 Years
Birthplace	Italy	Birthplace	Italy
Occupation	Mechanic	Occupation	Housewife

Number of child of this Mother 2 | Number of Children, of this mother, now living 2 | 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 3/13/1923 at 2 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature M H Slaughter
Attending physician, midwife, householder.*

Address Miami Ariz

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

Filed Mch 31 1923

C. E. Jones
LOCAL REGISTRAR.

Filed 4-5 1928 A True Copy

B L Gray
COUNTY REGISTRAR.

COUNTY REGISTRAR.

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