PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 148

Co. Registrar's No. 178

Local Registrar's No. .....

County of Gila

District of .....

Town of Miami

or

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

FULL NAME OF CHILD Gethe Berto Duran | Born Alive | YES NO

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

Sex of Child	~~Twin~~ Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth Month	Day	Yr.
Male			1	yes	3	13	1923

FATHER		MOTHER	
Full Name	Trinio Duran	Full Maiden Name	Francisco Gomez
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	white	Color or Race	white
Age at last Birthday	19 Years	Age at last Birthday	16 Years
Birthplace	Mex	Birthplace	Mex
Occupation	Mexico	Occupation	Ariz
	Laborer		Housewife

Number of child of this Mother 1 | Number of Children, of this mother, now living 1 | 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 10 P. M.

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

Signature T 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. Irwin
LOCAL REGISTRAR.

745-313-679
COUNTY REGISTRAR.

Filed 4-5 1923

A True Copy

B. G. Fox
COUNTY REGISTRAR.