

11-11

PLACE OF BIRTH

1. County of Yuma  
District of \_\_\_\_\_  
Town of Miami  
or  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 147  
County Registrar No. 323  
Local Registrar No. \_\_\_\_\_

2. Full name of child Robert Crisp  
(If birth occurred in a hospital or institution, give its NAME instead of street and number) No. 118 Red Springs Canyon Ward \_\_\_\_\_  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth May 16-1923  
Month Day Year

8. FATHER  
Full name Rufino Crispo  
9. Residence (Usual place of abode) Miami, Ariz  
If nonresident, give place and state

14. MOTHER  
Full maiden name Antonia Pales  
15. Residence (Usual place of abode) Miami, Ariz  
If nonresident, give place and state

10. Color or race Spanish  
11. Age at last birthday 30 (Years)  
12. Birthplace (city or place) Santander  
(State or country) Spain

16. Color or race Spanish  
17. Age at last birthday 18 (Years)  
18. Birthplace (city or place) Lugo  
(State or country) Spain

13. Occupation  
Nature of industry Miner

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 1  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.)  
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was born at 2:40 A.M. on the date above stated.  
(Born alive or stillborn.)  
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature C. M. Crow M.D.  
Address Miami, Ariz.  
Given name added from \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Filed May 31, 1923 C. E. Dwin Local Registrar.  
Filed 6-6, 1923 B. G. Day County Registrar.

IN ORDER OF BIRTH STATES.

936-516-176