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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 137
County Registrar No. 934
Local Registrar No.

PLACE OF BIRTH
1. County of Gila
District of
Town of Miami
or
City of ..... No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Miguel Enigas (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 7
6. Legitimate? yes
7. Date of birth Sept-16-1923. (Month day year)

FATHER
8. Full name Pio Enigas
9. Residence (Usual place of abode) Miami
If nonresident, give place and state Ariz
10. Color or race Mex
11. Age at last birthday 33 (Years)
12. Birthplace (city or place) Jalisco
(State or country) Mex
13. Occupation
Nature of industry Miner

MOTHER
14. Full maiden name Dolores Sandoval
15. Residence (Usual place of abode) Miami
If nonresident, give place and state Ariz
16. Color or race Mex
17. Age at last birthday 27 (Years)
18. Birthplace (city or place) Jalisco
(State or country) Mex
19. Occupation
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 7
(b) Born alive but now dead
(c) Stillborn
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 (Born alive or stillborn.) at 1:05 P.M. on the date above stated.

*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 evidences of life after birth.

Signature C. M. Cron M.D. (Physician or midwife)
Address Miami Ariz.
Given name added from a supplemental report ..... Month, day, year.
Registrar.

Filed Oct 31, 1923 C. E. Davis Local Registrar.
Filed 11-6, 1923 [illegible] County Registrar.

452-916-423

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.