

215

WRITE PLAINLY WITH UNFADING INK—SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Hila State Index No. 147
District of _____ County Registrar No. 614
Town of Miami Local Registrar No. _____
or _____
City of _____ No. 3109 Turkey Shoal St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Louis Escobedo 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 6 6. Legitimate? yes 7. Date of birth Sept. 22-1923
Month day year

FATHER		MOTHER	
8. Full name	<u>Abran Escobedo</u>	14. Full maiden name	<u>Louisa Sandoval</u>
9. Residence (Usual place of abode)	<u>Miami Ariz.</u>	15. Residence (Usual place of abode)	<u>Miami Ariz.</u>
10. Color or race	<u>Mex</u>	16. Color or race	<u>Mex</u>
11. Age at last birthday	<u>33</u> (Years)	17. Age at last birthday	<u>30</u> (Years)
12. Birthplace (city or place)	<u>Omanga Mex</u>	18. Birthplace (city or place)	<u>Omanga Mex</u>
13. Occupation	<u>Miner</u>	19. Occupation	<u>Housewife</u>
20. Number of children of this mother	(a) Born alive and now living <u>6</u> (b) Born alive but now dead _____ (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum?	<u>yes</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 7 A. m. on the date above stated.
(Born alive or stillborn.)

Signature C. M. Crow M.D. (Physician or midwife)
Address Miami, Ariz.
Filed Sept 30 1923
Filed Oct 3 1923 B. J. Fox Local Registrar.
County Registrar.

356-922-323