

1882

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

1. County of Maricopa
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)

State Index No. 176
County Registrar No. 790
Local Registrar No. _____

2. Full name of child Manuel Sales
(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 5

6. Legitimate? yes

7. Date of birth Nov-22-1923
Month day year

8. FATHER Full name <u>Maximo M. Sales</u>		14. MOTHER Full maiden name <u>Inez Diaz</u>	
9. Residence (Usual place of abode) <u>Miami Ariz.</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami Ariz.</u> If nonresident, give place and state	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>39</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>24</u> (Years)
12. Birthplace (city or place) <u>Omaha Mex</u> (State or country)		18. Birthplace (city or place) <u>Cochila Mex.</u> (State or country)	
13. Occupation Nature of industry <u>Machinist</u>		19. Occupation Nature of industry <u>Housewife</u>	

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 5
(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 12 A. m. on the date above stated.

Signature C. M. Crow M.D. (Physician or midwife)
Address Miami, Ariz.
Filed Nov 30, 1923 Local Registrar. C. E. Jones
Filed 12-31, 1923 County Registrar. R. L. Jones

Registrar. _____
Month, day, year. _____

429-1122-949