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MADING INK—THIS IS A PERMANENT RECORD
a 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

State Index No. 119
County Registrar No. 835
Local Registrar No. .....

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

2. Full name of child Assension Vannelos — 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. Legitimate? Yes
7. Date of birth Dec. 8 1923 (Month day year)

FATHER
8. Full name Luis Vannelos
9. Residence (Usual place of abode) Miami Ariz
If nonresident, give place and state
10. Color or race Mexican
11. Age at last birthday 31 (Years)
12. Birthplace (city or place) Mexico
(State or country)
13. Occupation Miner
Nature of industry

MOTHER
14. Full maiden name Francisca Godoi
15. Residence (Usual place of abode) Miami Ariz
If nonresident, give place and state
16. Color or race Mexican
17. Age at last birthday 26 (Years)
18. Birthplace (city or place) Mexico
(State or country)
19. Occupation House wife
Nature of industry

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 2
(b) Born alive but now dead 5
(c) Stillborn None
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 ..... at 1 P. m. on the date above stated.
(Born alive or [redacted]rn.)

*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 A. I. Sotel M. D. (Physician or midwife).
Address Miami Ariz

Given name added from a supplemental report ..... Month, day, year.

Filed Dec 31, 1923 C. E. Swift Local Registrar.
Filed 1-5, 1924 B. G. Fox County Registrar.

Registrar.

152-1208-679