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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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

1. County of Gila

District of

Town of

or City of Miami

State Index No. 166

County Registrar No. 572

Local Registrar No.

No. 63 Miami Ave., St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Estephan Sandoval — 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 26-1923 (Month day year)

FATHER	MOTHER
8. Full name Eulogio Sandoval	14. Full maiden name Florenzia Herrera
9. Residence (Usual place of abode) Miami Ariz. If nonresident, give place and state	15. Residence (Usual place of abode) Miami Ariz. If nonresident, give place and state
10. Color or race Mexican — 11. Age at last birthday 30 (Years)	16. Color or race Mexican — 17. Age at last birthday 33 (Years)
12. Birthplace (city or place) Mexico (State or country)	18. Birthplace (city or place) Mexico (State or country)
13. Occupation Miner Nature of industry	19. Occupation Nature of industry House wife

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 None
(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 (Born alive ~~or stillborn~~) at 10 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. J. Folk M.D. (Physician or midwife)

Address Miami Ariz.

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

Filed Dec 31, 1923 C. E. Irvin Local Registrar.

Filed 1-5, 1924 B. G. Fox County Registrar.

Registrar.

523-1226-681