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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

1. County of Gila

District of Lower Miami

Town of Miami

or

City of _____ No. 102 Grover Cañon St. _____ Ward

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

State Index No. 115

County Registrar No. 276

Local Registrar No. _____

2. Full name of child Victorio Bentacur } 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 April 5, 1924 (Month day year)

8. FATHER

Full name Ylario Bentacur

9. Residence (Usual place of abode) Miami, Ariz

If nonresident, give place and state

10. Color or race Mexican | 11. Age at last birthday 34 (Years)

12. Birthplace (city or place) _____

(State or country) Mexico

13. Occupation

Nature of industry

14. MOTHER

Full maiden name Conception Sandibal

15. Residence (Usual place of abode) Miami, Arizona

If nonresident, give place and state

16. Color or race Mexican | 17. Age at last birthday 25 (Years)

18. Birthplace (city or place) _____

(State or country) Mexico

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 5
(b) Born alive but now dead 2
(c) Stillborn 0

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 alive at 1:40 A.m. on the date above stated.

(Born alive or stillborn.)

*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 F. F. Miller (Physician or midwife)

Address Miami, Arizona

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

Filed April 30, 1924 C. E. Irvin Local Registrar.

Filed 5-5, 1924 R. G. Gray County Registrar.

_____ Registrar.

529-405-323

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD