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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 166
County Registrar No. 317
Local Registrar No.

PLACE OF BIRTH
1. County of Gila
District of
Town of Miami
or
City of No. 634 St. Church Hill Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Antonio O. Samaniego } 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 21 / 1924 (Month / day / year)

FATHER
8. Full name Alejandro Samaniego
9. Residence (Usual place of abode) in San Miguelito Son. Mex.
If nonresident, give place and state
10. Color or race Mexicano
11. Age at last birthday 23 (Years)
12. Birthplace (city or place) San Miguelito
(State or country) Sonora Mexico
13. Occupation Miner
Nature of industry

MOTHER
14. Full maiden name Maria Jesus Ordiño
15. Residence (Usual place of abode) in La Colorada Son. Mex.
If nonresident, give place and state
16. Color or race Mexicana
17. Age at last birthday 24 (Years)
18. Birthplace (city or place) La Colorada
(State or country) Sonora Mexico
19. Occupation Familiar
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 ONE
(b) Born alive but now dead
(c) Stillborn
21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 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. G. Perkins (Physician or midwife)
Address Miami Ariz.
Given name added from a supplemental report
Month, day, year.
Registrar.

Filed April 30 1924 C. E. Irvin Local Registrar.
Filed 5-5 1924 B. G. Fiske County Registrar.

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

126-421-466