

1416

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

1. County of Dila District of _____ Town of Miami
or _____ City of _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bacilio Medina
3. Sex of Child Male 4. Twin, triplet or other _____ 5. No. in order of birth 4 6. Legitimate yes 7. Date of birth June 14 1924
Month day year

8. FATHER Full name <u>Juan Medina</u>		14. MOTHER Full maiden name <u>Delphina Sandans</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>35</u> (Years)	16. Color or race <u>Mex.</u>	17. Age at last birthday <u>24</u> (Years)
12. Birthplace (city or place) <u>Chik Mex</u> (State or country)		18. Birthplace (city or place) <u>Chik Mex</u> (State or country)	
13. Occupation Nature of industry <u>Miner</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 3
(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 alive or stillborn.) at 8 P. m. on the date above stated.

Signature C. M. Crow M.D. (Physician or midwife)
Address Miami Arizona
Filed June 30, 1924 Local Registrar.
Filed JUL 6 1924 County Registrar.

Registrar. _____

241-614-426