

190

This certificate is to be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Graham  
District of \_\_\_\_\_  
Town of Solomville  
or \_\_\_\_\_  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

State Index No. 135

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 108

Local Registrar's No. 72

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

FULL NAME OF CHILD \_\_\_\_\_

Born } YES  
Alive } NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

|   |  |   |   |  |   |
|---|--|---|---|--|---|
| Sex of Child <u>Female</u>              | Twin, Triplet or other <u>Single</u>                   | and   | Number in order of birth _____          | Legitimate? <u>yes</u>                 | Date of Birth <u>June 8</u> 19 <u>14</u><br>(Month) (Day) (Yr.) |
| FATHER                                  |  |   | MOTHER                                  |  |   |
| Full Name <u>Calico Sainz</u>           |  |   | Full Maiden Name <u>Blanche Merzina</u> |  |   |
| Residence <u>Solomville</u>             |  |   | Residence <u>Solomville</u>             |  |   |
| Color or Race <u>Mex</u>                | Age at last Birthday <u>23</u> (Years)                 | Color or Race <u>Mex</u>                                    |   | Age at last Birthday <u>15</u> (Years) |   |
| Birthplace <u>Arizona</u>               |  |   | Birthplace <u>Arizona</u>               |  |   |
| Occupation <u>Picture Operator</u>      |  |   | Occupation <u>Housewife</u>             |  |   |
| Number of child of this mother <u>1</u> | Number of children of this mother, now living <u>1</u> | Were precautions taken against Ophthalmia neonatorum? _____ |   |  |   |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on 6/7 1914 at 5:30 P.M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) J. Neuter Klaton  
Attending physician, midwife, householder.

Given or christian name added from a \_\_\_\_\_

Address S of Ind. Ave

supplemental report \_\_\_\_\_ 191\_\_

Filed 7/6 1914

Mrs. H. D. French  
LOCAL REGISTRAR.

Filed 7/10 1914

True Copy R. L. Dryden  
COUNTY REGISTRAR.

029-609-241  
COUNTY REGISTRAR.

4037

Lillian Sainz

to be made for each, and the attending Physician or

N. B.—In case of more than one child at a birth, a statement of the number of each, in order of birth, stated. This certificate to be filed with each local Registrar within 5 days after birth.

PLACE OF BIRTH *Granbury, Adair Co. Ark.*  
 COUNTY OF *Greene*  
 DISTRICT OF \_\_\_\_\_  
 TOWN OF *Belknap*  
 CITY OF \_\_\_\_\_  
 FULL NAME OF CHILD *Edward James* (No. \_\_\_\_\_) (Ward) \_\_\_\_\_  
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

ARIZONA STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS 215 State Index No. *108*  
 ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. *224*  
 Local Registrar's No. *52*

|               |                              |                       |                                     |                              |                          |                      |            |               |              |      |
|---------------|------------------------------|-----------------------|-------------------------------------|------------------------------|--------------------------|----------------------|------------|---------------|--------------|------|
| Sex of Child  | <i>Female</i>                | Twin, Triple or other | <input checked="" type="checkbox"/> | and                          | Number in order of birth | Legitimacy           | <i>1/2</i> | Date of Birth | <i>Apr 8</i> | 1917 |
| Full Name     | FATHER <i>Marcella Sainz</i> |                       |                                     | MOTHER <i>Beulah Murguia</i> |                          |                      |            |               |              |      |
| Residence     | <i>Belknap</i>               |                       |                                     | <i>Belknap</i>               |                          |                      |            |               |              |      |
| Color or Race | <i>White</i>                 | Age at last Birthday  | <i>26</i>                           | Color or Race                | <i>White</i>             | Age at last Birthday | <i>16</i>  |               |              |      |
| Birthplace    | <i>Virginia</i>              |                       |                                     | <i>Virginia</i>              |                          |                      |            |               |              |      |
| Occupation    | <i>Wife</i>                  |                       |                                     | <i>Housewife</i>             |                          |                      |            |               |              |      |

Number of child of this mother... *2* Number of children of this mother now living... *2* Were precautions taken against Ophthalmia neonatorum? *Yes*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
 I hereby certify that I attended the birth of above child; and that it occurred *April 8, 1917*, at *5 P.M.*  
 (When there is no attending physician or midwife, then the householder should make this return.)  
 (Signature) *Edward Quitt*  
 (Attending physician, physician, midwife, householder\*)  
 Address *Belknap, Ark.*

Given or christian name added from a supplemental report... 191...  
 Filed *4/11* 1917  
 MAY 5 1917  
 COUNTY REGISTRAR *Edmund J. ...*  
 COUNTY REGISTRAR

A. A. WATKINS PRINTING CO., PHOENIX

PLAC~~E~~ OF BIRTH **ARIZONA STATE BOARD OF HEALTH**  
 County of Graham BUREAU OF VITAL STATISTICS State Index No. 195  
 District of \_\_\_\_\_ ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 110  
 Town of Solomonville Local Registrar's No. 76  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Anna Marie Sains } Born } NO  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } YES

|                                  |   |                           |   |   |   |
|----------------------------------|---|---------------------------|---|---|---|
| Sex of Child <u>Female</u>       | Twin, Triplet or other _____              | and _____                 | Number in order of birth <u>3</u>       | Legitimate? <u>yes</u>                    | Date of Birth <u>April 25 1920</u><br>(Month) (Day) (Yr.) |
| Full Name <u>Francisco Sains</u> | FATHER                                    |                           | Full Maiden Name <u>Blanche Munquia</u> | MOTHER                                    |   |
| Residence <u>Solomonville</u>    |   |                           | Residence <u>Solomonville</u>           |   |   |
| Color or Race <u>Mexican</u>     | Age at last Birthday <u>38</u><br>(Years) | Color or Race <u>Mix.</u> |   | Age at last Birthday <u>21</u><br>(Years) |   |
| Birthplace <u>Solomonville</u>   |   |                           | Birthplace <u>Solomonville</u>          |   |   |
| Occupation <u>Truck Driver</u>   |   |                           | Occupation <u>Housewife</u>             |   |   |

Number of child of this mother 3 Number of Children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on April 25 1920 at 10:50 A.M.

\*When there is no attending physician or midwife, then the householder should make this return.  
 Given or Christian name added from a

(Signature) Guadalupe Suarez  
 (Attending physician, midwife, householder.)  
Solomonville, Ariz.

supplemental report ..... 191..... Filed 5-5-1920

Alma Duran  
 LOCAL REGISTRAR.

129-425-241  
 COUNTY REGISTRAR.

A True Copy Filed 5-10-1920

J. G. Stratton  
 COUNTY REGISTRAR.

