

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 163
County Registrar No. 32
Local Registrar No. 32

PLACE OF BIRTH
1. County of Gila
District of _____
Town of Miami
or _____
City of _____

No. 71B Red Springs Carson
(If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

2. Full name of child Jose Roberto Padilla
(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 _____ 6. Legitimate? yes 7. Date of birth Jan. 15, 1927
Month Day Year

FATHER
8. Full name Nasario Padilla
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Jalisco, Mex.
(State or country)

13. Occupation
Nature of industry Miner

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 1
(b) Born alive but now dead _____
(c) Stillborn _____

MOTHER
14. Full maiden name Solidad Villanueva
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Jalisco, Mex.
(State or country)

19. Occupation
Nature of industry Housewife

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 at 3:15 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 evidence of life after birth.
Signature Cyril M. Brown, M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from _____
a supplemental report. Month, day, year: Filed Feb 7, 1927 R. E. Jorg
Local Registrar.

Registrar _____ Filed _____, 19 _____ County Registrar.

171-115-251