

MARGIN RES. FOR BINDING  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 Use 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  
 STANDARD CERTIFICATE OF BIRTH

State File No. 444-  
 Registered No. 1754

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 536 Red Springs Canyon Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gilberto Jovar (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 Feb. 5. 1927  
Month Day Year

**8. FATHER**  
 Full name Gilberto Jovar  
 9. Residence (Usual place of abode) Miami  
 If non-resident, give place and state. Arizona  
 10. Color or race Mex.  
 11. Age at last birthday 29 (Years)  
 12. Birthplace (city or place) Jalisco  
 (State or country) Mex.  
 13. Occupation  
 Nature of industry Miner

**14. MOTHER**  
 Full maiden name Antonia Gerardo  
 15. Residence (Usual place of abode) Miami  
 If non-resident, give place and state. Arizona  
 16. Color or race Mex.  
 17. Age at last birthday 28 (Years)  
 18. Birthplace (city or place) Triumph  
 (State or country) Baja-Calif. Mex.  
 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 4  
 (b) Born alive but now dead 2  
 (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 at 11:15 P. 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. Cronin, M.D.  
Physician  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
 Address Miami, Arizona

Filed May 11, 1927 C. C. Cronin  
 Registrar Registrar

739-205-176