

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
STANDARD CERTIFICATE OF BIRTH

State File No. 1478
Registered No. 50

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. _____ St. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and No.)

2. Full name of child Carlos Aguayo (If child is not yet named 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 Mar. 14-1 Month Day Year

8. FATHER Full name Angel H. Aguayo 9. Residence (Usual place of abode) Miami Arizona If non-resident, give place and state.

14. MOTHER Full maiden name Virginia Mol 15. Residence (Usual place of abode) Miami Arizona If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 37 (Years)

16. Color or race Mex 17. Age at last birthday 3

12. Birthplace (city or place) Chihuahua Mex (State or country)

18. Birthplace (city or place) Chihuahua Mex (State or country)

13. Occupation Nature of industry miner

19. Occupation Nature of industry Housewife

20. Number of children of this mother 4 (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 0 (c) Stillborn 0

21. Were precautions taken against thalimia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 A. m. on the date above (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)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Feb 16, 1931 Registrar C. E. Davis

315-314-541