

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 Town of Winkelman
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 186
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Raul Corona (If birth occurred in a hospital or institution, give its NAME instead of street and number)

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 Apr. 24, 1927
 Month Day Year

8. FATHER
 Full name Robert L. Corona

14. MOTHER
 Full maiden name Leonor Padilla

9. Residence (Usual place of Abode) Winkelman, Ariz.
 If nonresident, give street and number

15. Residence (Usual place of Abode) Winkelman, Ariz.
 If nonresident, give street and number

16. Color or race Mexican 11. Age at last birthday 29 (Years)

16. Color or race Mexican 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Torence, Arizona
 (State or country)

18. Birthplace (city or place) Torence, Ariz.
 (State or country)

13. Occupation Nature of industry Clerk in Warehouse

19. Occupation Nature of industry House wife

20. Number of children of this mother (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0 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 4. 24. 1927 at 4:30 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 J. M. Butler, M.D.
 Address Winkelman, Ariz.
 (Physician or midwife)

Given name added from a supplemental report _____ Filed June 1, 1927 Local Registrar.
 Registrar. _____ Filed _____ 19____ County Registrar.

931-424-371