

WRITE PLATE 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.

PLACE OF BIRTH

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 132
 County Registrar No. 169
 Local Registrar No. _____

2. Full name of child Cruz Villa
 (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

3. Sex of Child female 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 May 3 1927
 Month Day Year

8. FATHER
 Full name Benito Villa
 9. Residence (Usual place of abode) Mesa Las Vegas
 If non-resident, give place and state. New Mexico
 10. Color or race Mexican
 11. Age at last birthday 30 (Years)
 12. Birthplace (city or place) _____
 (State or country) Mexico
 13. Occupation Miner
 Nature of Industry Copper

14. MOTHER
 Full maiden name Francoja Pedallo
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. _____
 16. Color or race Mexican
 17. Age at last birthday 28 (Years)
 18. Birthplace (city or place) Safford
 (State or country) Arizona
 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 3
 (b) Born alive but now dead 3
 (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 alive (Born alive or stillborn.) at 6:15 P m. on the date above stated

*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. J. Miller (Physician or midwife)
 Address Miami, Arizona

Given name added from a supplemental report. Month, day, year _____ Filed May 11 27 Local Registrar. D. E. Brown

Registrar _____ Filed _____, 19 _____ County Registrar.

351-503-676