

Supplement Attached

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 149  
Registered No. 186

1. PLACE OF BIRTH

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. 90 Kinney Drive St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Antonio Pulido { 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 May 10-1927  
Month Day Year

8. FATHER Full name Jose Pulido

9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 25 (Years)

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

13. Occupation Nature of industry Miner

14. MOTHER Full maiden name Margarita Martinez

15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

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

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

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 \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (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 10<sup>46</sup> 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 Byril M. Terrou M. D.  
Physician (Physician or midwife).

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

Month, day, year \_\_\_\_\_ Filed May 11, 1927 Ed E. Terrou Registrar

176-510-449

MARGIN RESERVED FOR PANDLING  
WRITE PLAIN 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.