ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 188

County Registrar No.

Local Registrar No. 214

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

No. 120 Mex. Canon St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eliosa Atilano

If child is not yet named, make supplemental report, as directed.

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 24 - 1927. (Month, day, year)

FATHER

8. Full name: Alejo Atilano

9. Residence (Usual place of abode): Miami

If nonresident, give place and state: Arizona.

10. Color or race: Mex.

11. Age at last birthday: 26 (Years)

12. Birthplace (city or place): Jalisco

(State or country): Mex.

13. Occupation: Miner

Nature of industry:

MOTHER

14. Full maiden name: Dolores Gomez

15. Residence (Usual place of abode): Miami

If nonresident, give place and state: Arizona.

16. Color or race: Mex.

17. Age at last birthday: 24 (Years)

18. Birthplace (city or place): Jalisco

(State or country): Mex.

19. Occupation: Housewife

Nature of industry:

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: 2

(b) Born alive but now dead: 2

(c) Stillborn: none

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 alive (Born alive or stillborn.) at 1 A. 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 evidences of life after birth.

Signature: Cyril M. Crow M.D. (Physician or midwife)

Address: Miami, Arizona

Given name added from a supplemental report

Month, day, year.

Filed June 1, 1927 C. E. [illegible]

Registrar.

Local Registrar.

Filed 19

County Registrar.

516 - 524 - 177

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.

WRITE MAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD