

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

ARIZONA STATE BOARD OF HEALTH

1. County of _____

District of _____

Town of _____

or

City of Miami

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 156

County Registrar No. 326

Local Registrar No. _____

No. 372 Sikes St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Manuel Guiterrez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth 6-18-27
Month Day Year

8. FATHER
Full name Santiago Guiterrez
9. Residence (Usual place of abode) Miami
If non-resident, give place and state.

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

10. Color or race Wm
11. Age at last birthday 56 (Years)

16. Color or race Wm
17. Age at last birthday 57 (Years)

12. Birthplace (city or place) Mexico
(State or country)

15. Birthplace (city or place) Arizona
(State or country)

13. Occupation
Nature of Industry Mill man

19. Occupation
Nature of Industry H.W.

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 5
(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 _____ at _____ 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 C. P. ... (Physician or midwife).
Address Miami

Given name added from a supplemental report. Month, day, year Aug 11, 1927
479-616-651 Registrar Filed _____ 19 _____ Local Registrar. County Registrar.