

ITEMS 2, 8, 14 CORR. BY BAPTISMAL CERT, SF # 103 (1925) OLDER
 REGISTER + SIGNED AFFIDAVITS OF AUNTS 3-21-68 MRH
 ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 State File No. 154
 Registered No. 357

PLACE OF BIRTH
 County Gila State Arizona CERTIFICATE AMENDED
 SEE NOTATION

District or Township Miami or Village _____
 City Miami No. F-3 Eraser Canyon St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child MARIA YNES GUTIERREZ Perez
 (If child is not yet named, make supplemental report, as directed.)

Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other. 2 6. Legitimate? yes 7. Date of birth August 14 1927
 Month Day Year

FATHER
 Full name Francisco Perez GUTIERREZ
 Residence (Usual place of abode) Miami, Arizona
 (If non-resident, give place and state.)
 Color or race Mexican
 11. Age at last birthday 27 (Years)
 Birthplace (city or place) _____
 (State or country) Mexico
 Occupation miner
 Nature of industry Copper

MOTHER
 Full maiden name MARIA Jesus Perez
 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 34 (Years)
 18. Birthplace (city or place) _____
 (State or country) Mexico
 19. Occupation Housewife
 Nature of industry _____

Number of children of this mother 5
 taken as of time of birth of child herein (if and including this child.)
 (a) Born alive and now living 3
 (b) Born alive but now dead 2
 (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 at 1:45 A m. on the date above stated
 (Born alive or stillborn.)

Signature J. J. Miller
 M.D. (Physician or midwife)

Address Miami, Arizona
 Filed Aug 20 1927 Registrar
 Registrar

479-214-479