

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

State File No. 125  
 Registered No. 198

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Copper Hill (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 Ward \_\_\_\_\_  
 (If child is not yet named, make supplemental report, as directed.)

2. Full name of child Felicitas Sepulveda

3. Sex of Child Female To be answered ONLY in event of plural births.  
 4. Twin, triplet or other No  
 5. No., in order of birth \_\_\_\_\_  
 6. Legitimate? Yes  
 7. Date of birth 9-7-27  
 Month Day Year

8. FATHER Full name Miguel Sepulveda  
 14. MOTHER Full maiden name Mary Valencia

9. Residence (Usual place of abode) Copper Hill  
 If non-resident, give place and state.  
 15. Residence (Usual place of abode) Copper Hill  
 If non-resident, give place and state.

10. Color or race Mex  
 11. Age at last birthday 28 (Years)  
 16. Color or race Mex  
 17. Age at last birthday 21 (Years)

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

13. Occupation Nature of industry Miner  
 19. Occupation Nature of industry Housewife

20. Number of children of this mother 3  
 (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 none  
 (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 alive at 12:59 m. on the date above stated  
 (If stillborn, so state.)

\* 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 D. S. Madson  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Address Globe Arizona

Month, day, year \_\_\_\_\_  
 Filed Sept 30, 1927 D. S. Hont  
 Registrar Registrar

621-907-451

order of birth as stated.