

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

State File No. 159
 Registered No. 436

1. PLACE OF BIRTH

County..... State.....
 District or Township..... or Village.....
 City Miami No. 60 St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pedro Villalobos (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 4th 6. Legitimate? yes 7. Date of birth October 8 - 1927
Month Day Year

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

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

10. Color or race White 11. Age at last birthday 41 (Years)

16. Color or race White 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) San Juanico
(State or country) Salasco Mex

18. Birthplace (city or place) Yimenez
(State or country) Chihuahua Mex

13. Occupation
 Nature of Industry Miner

19. Occupation
 Nature of Industry House wife

20. Number of children of this mother 4
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living Yes
 (b) Born alive but now dead.....
 (c) Stillborn.....

21. Were precautions taken against ophthalmia neonatorum?
ingyrol

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 p. 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 Yimenez Alberto
(Physician or midwife).

Given name added from a supplemental report.....
 Month, day, year.....

Address.....
 Filed Oct 15 27 6:00 P.M. 19 27
Registrar Registrar

152-1004-115

READ INSTRUCTIONS ON REVERSE OF THIS FORM. IN CASE OF A SEPARATE RETURN TO ORDER OF BIRTH STATED.