

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

State File No. 162  
 Registered No. 537

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 1520 Sullivan St - St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Catarina Gallegos (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 \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth Nov-25-1927  
Month Day Year

**8. FATHER**  
 Full name Leopoldo Gallegos  
 9. Residence Miami  
(Usual place of abode)  
 If non-resident, give place and state. Arizona

**14. MOTHER**  
 Full maiden name Eulalia Sandoval  
 15. Residence Miami  
(Usual place of abode)  
 If non-resident, give place and state. Arizona

10. Color or race Mex.  
 11. Age at last birthday 25 (Years)

16. Color or race Mex.  
 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Chihuahua  
(State or country) Mex.

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

13. Occupation  
 Nature of industry Miner

19. Occupation  
 Nature of industry Housewife

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 \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_

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 at 5 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 Cyril M. Brown M.D.  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Address Miami, Arizona

Month, day, year \_\_\_\_\_  
 Filed Dec 22, 27 E. E. Don  
 Registrar Registrar

N. B.—In case of more than one birth stated. THIS IS A PERMANENT RECORD RETURN must be made for each, and the number of each.

212-1125-573