

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

166

State File No. 6123  
 Registered No. 6

1. PLACE OF BIRTH

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. 1019 Depot Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Francisco Gutierrez } If child is not yet named, make supplemental report, as directed.

3. Sex of Child } 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes 7. Date Jan. 2-1930  
 To be answered ONLY in event of plural births. } 5. No., in order of birth \_\_\_\_\_ of birth Jan. 2-1930  
Male } \_\_\_\_\_ Month Day Year

8. FATHER  
 Full name Francisco Gutierrez

14. MOTHER  
 Full maiden name Tibericia Hernandez

9. Residence (Usual place of abode) Miami  
 If non-resident, give place and state. Arizona

15. Residence (Usual place of abode) Miami  
 If non-resident, give place and state. Arizona

10. Color or race Mex.

11. Age at last birthday 30 (Years)

16. Color or race Mex.

17. Age at last birthday 25 (Years)

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

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

13. Occupation  
 Nature of Industry Miner

19. Occupation  
 Nature of Industry Housewife

20. Number of children of this mother } (a) Born alive and now living 4  
 (Taken as of time of birth of child herein } (b) Born alive but now dead 1  
 certified and including this child.) } (c) Stillborn 0

21. Were precautions taken against opthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive 12 A. 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 supplement report \_\_\_\_\_ Address Miami, Arizona  
 Month, day, year \_\_\_\_\_ Filed Jan 10 1930 B. E. J. J. Registrar.

619-102-389

each in order of birth stated.