

N. B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. 181,138
 Registered No. 14

1. PLACE OF BIRTH

County Mila State Arizona
 District or Township _____ or Village _____
 City Miami No. 638 Red Springs Canyon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Manuel Padilla (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 _____ 6. Legitimate? yes 7. Date of birth Jan. 6 - 1930.
 Month Day Year

8. FATHER
 Full name Alejandro Padilla
 Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona
 10. Color or race Mex. 11. Age at last birthday 37 (Years)
 12. Birthplace (city or place) Jalisco
 (State or country) Mex
 13. Occupation
 Nature of Industry Miner

14. MOTHER
 Full maiden name Lorenza Munoz
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona
 16. Color or race Mex. 17. Age at last birthday 37 (Years)
 18. Birthplace (city or place) Jalisco
 (State or country) Mex
 19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother 5 } (a) Born alive and now living 5
 (Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0
 } (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 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

Filed Jan 15, 1930 J. G. Dunn Registrar

Registrar

4-71-106-247