

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

State File No. 14177

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 15 Canon Ave. St. _____ Ward _____

2. Full name of child Jose Aguilar
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 } 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. } Twin, triplet or other. _____
 4. Legitimate? yes 7. Date of birth March 18 - 1930.
 5. No., in order of birth. _____ Month Day Year

FATHER
 8. Full name Ramon Aguilar
 9. Residence (Usual place of abode) Miami Arizona.
 If non-resident, give place and state.
 10. Color or race Mex.
 11. Age at last birthday 28 (Years)
 12. Birthplace (city or place) Sonora Mex.
 (State or country)
 13. Occupation
 Nature of Industry Miner

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

20. Number of children of this mother. _____ } (a) Born alive and now living 2
 ('Taken as of time of birth of child herein certified and including this child.) 3 } (b) Born alive but now dead. 1
 } (c) Stillborn 0
 21. Were precautions taken against ophthalmia neonatorum? yes

I hereby certify that I attended the birth of this child, who was born alive at 8:14 p.m. on the date above stated.
 (Born alive or stillborn)

Signature Cyril M. Brown M.D. Physician
 (Physician or midwife.)
 Given name added from a supplemental report _____ Address Miami, Arizona
 Month, day, year _____
 Filed Mar 8 1930 C. E. Irwin Registrar.