ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 186

Registered No. 145

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 505-A Orphan St., ... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Roberto Perez — 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.....

6. Legitimate? Yes

7. Date of birth March 20 1930 (Month Day Year)

8. FATHER

Full name Luis Perez

9. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

10. Color or race Mexican

11. Age at last birthday 29 (Years)

12. Birthplace (city or place) ..... (State or country) Mexico

13. Occupation Miner

Nature of Industry Copper

14. MOTHER

Full maiden name Tomasa Delgadillo

15. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

16. Color or race Mexican

17. Age at last birthday 19 (Years)

18. Birthplace (city or place) ..... (State or country) Mexico

19. Occupation Housewife

Nature of Industry

20. Number of children of this mother 2 (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 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 alive at 4:30 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 F. T. Miller

MD

(Physician ~~or midwife.~~)

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

Address Miami, Arizona

Registrar.

Filed Mch 25, 1930 C. E. [illegible]

Registrar.

977-320-341