

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

State File No. 20/a
 Registered No. 402

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village P.O. Box 1201 Miami, Ariz.
 City Miami No. 1522 Live Oak Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Adeberto Aguilar

{ 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 April 23 - 1930
Month Day Year

8. FATHER
 Full name Antonio Aguilar
 Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona
 10. Color or race Mex
 11. Age at last birthday 29 (Years)
 12. Birthplace (city or place) Chihuahua, Mex.
(State or country)

14. MOTHER
 Full maiden name Apolonia Luna
 Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona
 16. Color or race Mex.
 17. Age at last birthday 29 (Years)
 18. Birthplace (city or place) Chihuahua, Mex.
(State or country)

3. Occupation
 Nature of industry Miner

19. Occupation
 Nature of industry Housewife

9. Number of children of this mother _____ taken as of time of birth of child herein identified and including this child. } (a) Born alive and now living 1
 (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 9:07 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 or midwife)

Given name added from a supplemental report _____
 Month, day, year 119-423-131
 Registrar

Address Miami, Arizona
 Filed July 12, 1930 Registrar L. E. Dwyer