

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

State File No. 205  
 Registered No. 361

**1. PLACE OF BIRTH**

County Pima State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Phoenix No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gilbert Mercado  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child  Male  Female } 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 4-25-30  
Month Day Year

**FATHER**  
 8. Full name Longinos Mercado  
 9. Residence (Usual place of abode) Miami  
If non-resident, give place and state.  
 10. Color or race Mex  
 11. Age at last birthday 36 (Years)  
 12. Birthplace (city or place) Mexico  
(State or country)  
 13. Occupation concentrator  
Nature of industry

**MOTHER**  
 14. Full maiden name Serapia Chavez  
 15. Residence (Usual place of abode) Miami  
If non-resident, give place and state.  
 16. Color or race Mex  
 17. Age at last birthday 27 (Years)  
 18. Birthplace (city or place) Mexico  
(State or country)  
 19. Occupation H.W.  
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 1  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_  
 21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 10:46 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 A. F. Perkins  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year 7-16-42  
 Registrar 716-425-239  
 Address \_\_\_\_\_  
 Filled June 12, 30 19 30 J. E. Dorn  
 Registrar