

amendment attached

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

State File No. 156  
Registered No. 365

1. PLACE OF BIRTH

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

2. Full name of child \_\_\_\_\_

3. Sex of Child } To be answered ONLY in event of plural births. } Male  
4. Twin, triplet or other. \_\_\_\_\_ } yes  
5. No., in order of birth. \_\_\_\_\_ }  
6. Legitimate? } yes  
7. Date of birth May 7 - 1930  
Month Day Year

8. FATHER  
Full name Victorio Gallardo  
9. Residence 3302 Turkey Shoot Miami, Ariz  
(Usual place of abode)  
If non-resident, give place and state.

14. MOTHER  
Full maiden name Francisca Luna  
15. Residence 3302 Turkey Shoot Miami, Arizona  
(Usual place of abode)  
If non-resident, give place and state.

10. Color or race Mex.  
11. Age at last birthday 25 (Years)

16. Color or race Mex.  
17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Jalisco Mex.  
(State or country)

18. Birthplace (city or place) Durango Mex.  
(State or country)

19. Occupation  
Nature of Industry Miner

19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother. } (a) Born alive and now living 1  
(Taken as of time of birth of child herein } (b) Born alive but now dead 0  
certified and including this child.) } (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 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 or midwife.)

Given name added from \_\_\_\_\_ Address Miami, Arizona  
a supplement report. \_\_\_\_\_ Month, day, year

Filed June 17 1930 Registrar. C. E. Jmm

976-507-631

N. 2. -in case of more than one child at a birth in order of birth stated.