

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

State File No. 180
 Registered No. 731

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 808A Live Oak St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Felix Hurtado { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Boy 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 May 18 1930
Month Day Year

8. FATHER
 Full name Felix Hurtado

14. MOTHER
 Full maiden name Blandina Deanda

9. Residence 808A Live Oak Rd
(Usual place of abode)
 If non-resident, give place and state.

15. Residence 808A Live Oak Rd
(Usual place of abode)
 If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 34 (Years)

16. Color or race Mexican 17. Age at last birthday 34 (Years)

12. Birthplace (city or place) San Juan de los Lagos Jalisco Mexico
(State or country)

18. Birthplace (city or place) San Juan de los Lagos Jalisco Mexico
(State or country)

13. Occupation Miner
 Nature of industry _____

19. Occupation House wife
 Nature of industry _____

20. Number of children of this mother 5 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn _____ 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 5 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 Rosa Cortez

Given name added from a supplemental report _____
 Month, day, year _____

Address 806 Sullivan St
(Physician or midwife).

Filed May 20, 1930 E. G. Tom
 Registrar

6086-518-241 Registrar

order of birth stated.