

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 38144
Registered No. 382

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 4093 Turkey Shoot St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elagiterio Guzman } 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 June 5-1930
Month Day Year

3. FATHER

8. Full name Jesus Guzman

9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona.

10. Color or race Mex.

11. Age at last birthday 33 (Years)

12. Birthplace (city or place) Jalis co
(State or country) Mex

13. Occupation _____
Nature of Industry mining

14. MOTHER

14. Full maiden name Eliguilena Perez

15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona.

16. Color or race Mex

17. Age at last birthday 33 (Years)

18. Birthplace (city or place) Jalis co
(State or country) Mex.

19. Occupation _____
Nature of Industry Housewife

20. Number of children of this mother. } (a) Born alive and now living 5
(Taken as of time of birth of child herein } (b) Born alive but now dead 2
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 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 Loyil M. Brown M.D. (Physician or midwife.)

Given name added from a supplement report _____
Month, day, year _____
Address Miami, Arizona
Filed June 15, 1930 Registrar. B. E. Irwin

575-605-579