

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 186
Registered No. 403

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village P.O. Box 1824 Miami
City Miami No. 1019 Depot Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

2. Full name of child Ester Gutierrez

3. Sex of Child 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 June 17-1930
Month Day Year

8. FATHER
Full name Jose Gutierrez
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) Jalisco
(State or country) Mex.
13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Germana Preciado
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 27 (Years)
18. Birthplace (city or place) Jalisco
(State or country) Mex
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother..... } (a) Born alive and now living 6
(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 * 15

I hereby certify that I attended the birth of this child, who was Born alive at 12:15 A.M. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M.D. (Physician or midwife.)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed June 19 1930 C. E. Irwin Registrar.

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