

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 205
Registered No. 413

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____
City Miami No. 3 Porto Pico Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jesus Davilos } If child is not yet named, make supplemental report, as directed.

3. Sex of Child: To be answered ONLY in event of plural births. } Female
4. Twin, triplet or other. _____ }
5. No., in order of birth _____ }
6. Legitimate? yes
7. Date of birth June 26-1930
Month Day Year

8. FATHER
Full name Ysadore Davilos
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 35 (Years)
12. Birthplace (city or place) Jalisco
(State or country) Mex
13. Occupation Smelter man
Nature of Industry Smelter

14. MOTHER
Full maiden name Maria Olivaris
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 Housewife
Nature of Industry _____

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 0
certified and including this child.) } (c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 30

I hereby certify that I attended the birth of this child, who was born alive at 3 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 July 5, 1930 Registrar L. E. Dinn

List in order of birth stated.

442-626-462