

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

State File No. 133  
Registered No. 133

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village P.O. Box 167 - Miami, Ariz.  
City Miami No. 4 1/2 West Pine Oak Canon Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Refugio Aguilera { 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 July 4 - 1930  
Month Day Year

8. FATHER  
Full name Feliciano Aguilera  
9. Residence (Usual place of abode) Miami Arizona  
If non-resident, give place and state. Arizona  
10. Color or race Mex.  
11. Age at last birthday 42 (Years)  
12. Birthplace (city or place) Jalisco Mex.  
(State or country)  
13. Occupation  
Nature of industry Miner

14. MOTHER  
Full maiden name Genevieve Marquez  
15. Residence (Usual place of abode) Miami Arizona  
If non-resident, give place and state. Arizona  
16. Color or race Mex.  
17. Age at last birthday 35 (Years)  
18. Birthplace (city or place) Jalisco Mex.  
(State or country)  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother 8 (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 5  
(b) Born alive but now dead 3  
(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 8 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 Byrle M. Brown M.D. (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed July 18, 1930 Registrar C. E. Denny

Registrar  
911-704-749

WARRANT RETURNING SEPARATE RETURN must be made for each, and the number of each in order of birth stated.  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.