

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 450

Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

County Gila State Arizona

District or Township \_\_\_\_\_ of Village Mail 90 Y. M. C. A.

City Miami No. 128 Mex. Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bartolo Gutierrez } 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 17-1930  
Month Day Year

8. FATHER  
Full name Bartolo Gutierrez

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

10. Color or race Mex. 11. Age at last birthday 23 (Years)

12. Birthplace (city or place) Mazatlan Mex.  
(State or country)

13. Occupation  
Nature of Industry Mining

14. MOTHER  
Full maiden name Rosa Luntana

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

16. Color or race Mex. 17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Tucson Arizona  
(State or country)

19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother. 1 } (a) Born alive and now living. 1  
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead. 0  
 } (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)

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

Address Miami, Arizona  
Filed July 20 1930 Registrar R. E. Jones

299-717-981

each in order of birth stated.