

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 4121
 Registered No. 4731

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 102 Orishalm Ave St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <u>yes</u>	7. Date of birth <u>Aug 2 1920</u>
<u>male</u>		5. No., in order of birth.....		Month <u>Aug</u> Day <u>2</u> Year <u>1920</u>

8. FATHER

Full name Luis Magellanes

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

10. Color or race Mexican

11. Age at last birthday 24 (Years)

12. Birthplace (city or place) _____
(State or country) Mexico

13. Occupation Miner
 Nature of Industry Copper

14. MOTHER

Full maiden name Dolores Montano

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

16. Color or race Mexican

17. Age at last birthday 18 (Years)

18. Birthplace (city or place) _____
(State or country) Mexico

19. Occupation _____
 Nature of Industry Housewife

20. Number of children of this mother..... <u>1</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living... <u>1</u>	(b) Born alive but now dead... <u>0</u>	(c) Stillborn... <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 20

I hereby certify that I attended the birth of this child, who was alive at 7 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 Jr. J. Miller
(Physician or midwife)

Given name added from _____ Address Miami, Arizona
 Month, day, year Aug 12 30 Filed 19 30 Registrar C. C. Jones

142-803-446