

each in order of birth stated.

CERTIFICATE AMENDED
SEE NOTATION

Item 2. Corr by Aff. of Reg. of Gila Co., Ar. Superior
Court Order. (5-27-68 Jones) (Court Order #14993-B)

149
491

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ Village _____

City Miami No. 4095 Cocoran St. _____ Ward _____
Chusley If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

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 Aug 14-1930
Month Day Year

8. FATHER
Full name Bernardo Banuelos
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Mexican
11. Age at last birthday 24 (Years)
12. Birthplace (city or place) Zacatecas
(State or country) Mexico
13. Occupation miner
Nature of Industry _____

14. MOTHER
Full maiden name Telesiana Medina
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race Mexican
17. Age at last birthday 28 (Years)
18. Birthplace (city or place) Globe
(State or country) Arizona
19. Occupation H. W.
Nature of Industry _____

20. Number of children of this mother 5 } (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
I hereby certify that I attended the birth of this child, who was Born Alive at 4:30 AM on the date above stated.
(Born alive or stillborn)

Signature Charles E. Jones
Physician or midwife.)

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

Month, day, year _____ Filed Aug 20, 30 1930 C. E. Jones Registrar.

322-814-6411