

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

State File No. 169
3
Registered No. _____

1. PLACE OF BIRTH

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

2. Full name of child X Elvira Aguna { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>F</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>12 20 30</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Antonio Aguna Jr.
9. Residence (Usual place of abode) Miami
If non-resident, give place and state.

14. MOTHER
Full maiden name Amelia Loya
15. Residence (Usual place of abode) Miami
If non-resident, give place and state.

10. Color or race Mex.
11. Age at last birthday 20 (Years)

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

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

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

13. Occupation Truck Driver
Nature of industry

19. Occupation HW.
Nature of industry

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead _____
(c) Stillborn _____

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 Alive at 2 P. m. on the date above stated.
(Born alive or stillborn.)

Signature C. E. Perkins

(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year 561-12-20-131
Registrar _____

Address Miami
Filed Jan 12, 1931 H. E. Don
Registrar _____