

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

State File No. 196  
 Registered No. 705

**1. PLACE OF BIRTH**

County Maricopa State \_\_\_\_\_  
 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 Jose Paul Gutierrez  
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? Yes  
 7. Date of birth 12. 28 20  
 Month Day Year

8. FATHER  
 Full name Jose Paul Gutierrez  
 9. Residence (Usual place of abode) Miami  
 If non-resident, give place and state.

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

10. Color or race Mex 11. Age at last birthday 34 (Years)

16. Color or race Mex 17. Age at last birthday 35 (Years)

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

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

13. Occupation  
 Nature of Industry Miner

19. Occupation  
 Nature of Industry H.P.

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

21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 4:30 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 A. F. Perkins  
 (Physician or midwife)

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

Month, day, year \_\_\_\_\_ Filled Jan 7, 1931 L. E. Dorning Registrar

179-1228-162