

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

State File No. 1286  
 Registered No. 876

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village P.O. Gen. Del. Claypool  
 City Miami No. 10 Warrior Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Padilla (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 Feb. 21 - 1931  
 Month Day Year

**8. FATHER**  
 Full name Cayetano Padilla  
 Residence Miami, Arizona  
(Usual place of abode)  
 If non-resident, give place and state. Arizona  
 10. Color or race Mex.  
 11. Age at last birthday 34 (Years)

**14. MOTHER**  
 Full maiden name Christine Atilano  
 Residence Miami, Arizona  
(Usual place of abode)  
 If non-resident, give place and state. Arizona  
 16. Color or race Mex  
 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Jalisco Mex.  
(State or country)  
 13. Occupation  
 Nature of industry Smelter

18. Birthplace (city or place) Jalisco Mex.  
(State or country)  
 19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother 6 (a) Born alive and now living 3 (b) Born alive but now dead 3 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

I hereby certify that I attended the birth of this child, who was born alive at 5:30 a.m. on the date above stated.  
(Born, alive or stillborn.)

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

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

Filed Apr 6, 1931 Registrar J. E. Jones

171-221-316