ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 106

Registered No. 107

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village P. O. Box

City Miami No. 3017 Turkey Shoot St., ... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Manuel Delgadillo } 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 Apr. 7 - 1931 (Month Day Year)

8. FATHER	14. MOTHER
Full name Salvador Delgadillo	Full maiden name Crecencia Munoz
9. Residence (Usual place of abode) Miami	15. Residence (Usual place of abode) Miami.
If non-resident, give place and state. Arizona	If non-resident, give place and state. Arizona
10. Color or race Mex. 11. Age at last birthday 30 (Years)	16. Color or race Mex. 17. Age at last birthday 28 (Years)
12. Birthplace (city or place) Jalisco (State or country) Mex.	18. Birthplace (city or place) Jalisco (State or country) Mex.
13. Occupation Nature of Industry Miner	19. Occupation Nature of Industry Housewife

20. Number of children of this mother..... (Taken as of time of birth of child herein certified and including this child.) 4 } (a) Born alive and now living 4 (b) Born alive but now dead 0 (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 10:30 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 Cyril M. Crow M.D.

(Physician or midwife.)

Given name added from a supplementl report..... Month, day, year

Address Miami, Arizona

Filed Apr 15 1931 C. E. [illegible] Registrar.

Registrar.

446-407-349

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each in order of birth stated.