

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

State File No. 1391
 Registered No. 222

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 1019 Depot Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria de Jesus Gutierrez
(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. Legitimacy yes
 7. Date of birth June 22-1931
Month Day Year

8. FATHER
 Full name Francisco Gutierrez
 9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
 10. Color or race Mex.
 11. Age at last birthday 30 (Years)
 12. Birthplace (city or place) Jalisco Mex.
(State or country)
 13. Occupation
 Nature of Industry Miner

MOTHER
 Full maiden name Tiburcio Hernandez
 14. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
 15. Color or race Mex.
 16. Age at last birthday 26 (Years)
 17. Birthplace (city or place) Jalisco Mex.
(State or country)
 18. Occupation
 Nature of Industry Housewife

20. Number of children of this mother 5
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 5
 (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 2:30 A. M. on the date above stated.
(Born alive or stillborn)

Signature Leyril M. Irm M.D.
(Physician or midwife)

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

Filed July 8, 1931 B. E. Irm
 Registrar

N. B.—In case of more than one child at a time, order of birth stated.