ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 4

Registered No.

1. PLACE OF BIRTH

County Apache State Arizona

Township or Village

City St. Johns No. St. Ward

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

2. Full name of child Jarmillo (If child is not yet named, make supplemental report, as directed)

3. Sex: female

If plural births: 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term X

7. Legitimate? yes

8. Date of birth July 11, 1931 (Month, day, year)

FATHER

9. Full name: Erasmo Jarmillo

10. Residence (usual place of abode) (If nonresident, give place and State)

11. Color or race: mexican 12. Age at last birthday 21 (Years)

13. Birthplace (city or place) St. Johns (State or country) Arizona

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Own Farm

16. Date (month and year) last engaged in this work, 19

17. Total time (years) spent in this work 4 yrs

MOTHER

18. Full maiden name: Baloy Garcia

19. Residence (usual place of abode) (If nonresident, give place and State)

20. Color or race: mexican 21. Age at last birthday 16 (Years)

22. Birthplace (city or place) St. Johns (State or country) Arizona

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work, 19

26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation months or weeks

29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10:Pm. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) G. J. Bouldin, M. D.

or Midwife

Address St. Johns, Arizona

Given name added from a supplemental report 016-611-201 (Date of)

Filed August 3, 1931 Leona Gibbons Registrar

Registrar

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

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING