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

State File No.
Registered No. 238

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: Miami 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: Victor Aguilera (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: July 29th 1931 (Month Day Year)

8. FATHER	14. MOTHER
Full name: Jose Aguilera	Full maiden name: Trinidad Gonzalez
9. Residence (Usual place of abode): Miami	15. Residence (Usual place of abode): Miami
If non-resident, give place and state: Ariz	If non-resident, give place and state: Ariz
10. Color or race: Mex	16. Color or race: Mexican
11. Age at last birthday: 28 (Years)	17. Age at last birthday: 23 (Years)
12. Birthplace (city or place): San Juan	18. Birthplace (city or place): San Juan
(State or country): Jalisco Mexico	(State or country): Jalisco Mexico
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.)
(a) Born alive and now living
(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 born alive (Born alive or stillborn) at m. on the date above stated.

* 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: L. M. Castillo, Midwife (Physician or midwife)

Given name added from a supplemental report 511-729-379 (Month, day, year)

Address: Miami Arizona

Registrar

Filed Aug 3, 1931. C. E. [illegible] Registrar