

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

State File No. 185
Registered No. 342

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 1123 Sull. St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Josephine Terrill

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

Female

4. Twin, triplet or other

yes

6. Legitimate?

yes

7. Date of birth

Oct. 27 - 1931
Month Day Year

8. FATHER

FATHER

Full name Jose Terrill

14. MOTHER

MOTHER

Full maiden name Beatrice Rivera

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

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If non-resident, give place and state.

10. Color or race Mex.

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11. Age at last birthday 37 (Years)

17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Sonora Mex.
(State or country)

18. Birthplace (city or place) Aermosilla Mex.
(State or country)

13. Occupation
Nature of Industry Miner

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 8
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 7
(b) Born alive but now dead 1
(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 1:25 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 evidences of life after birth.

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

Given name added from a supplemental report
Month, day, year
133-1027-291
Registrar

Address Miami, Arizona
Filed Nov. 5 1931
O. E. Jarrin
Registrar

MARGIN RESERVED FOR BINDING
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.