

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

State File No. 1260  
 Registered No. 220

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village P. O. Box 567 - Claypool, Ariz  
 City Miami No. 38 Grover Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Patricio Obregon (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 Feb. 17 - 1932  
Month Day Year

8. FATHER  
 Full name Hilario Obregon

14. MOTHER  
 Full maiden name Margarita Preciado

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

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

10. Color or race Mex.

11. Age at last birthday 48 (Years)

16. Color or race Mex.

17. Age at last birthday 41 (Years)

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

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

13. Occupation  
 Nature of Industry Miner

19. Occupation  
 Nature of Industry Housewife

20. Number of children of this mother 12  
(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 4  
 (c) Stillborn \_\_\_\_\_

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 stillborn at 2 P. 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. Brown, M.D.

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Address Miami, Arizona  
 (Physician or midwife)

Filed April 2, 1932 B. E. Lanier  
 Registrar

765-317-476

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.