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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 108

Registered No. 105

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 2 Porto Rico Hill St. ..... Ward

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

2. Full name of child Jose Guzman (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 Apr. 20 - 1932 (Month Day Year)

FATHER	MOTHER
8. Full name Jesus Guzman	14. Full maiden name Eluteria Perez
9. Residence (Usual place of abode) Miami	15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona	If non-resident, give place and state. Arizona
10. Color or race Mex	16. Color or race Mex
11. Age at last birthday 35 (Years)	17. Age at last birthday 35 (Years)
12. Birthplace (city or place) Jalisco (State or country) Mex	18. Birthplace (city or place) Jalisco (State or country) Mex
13. Occupation Nature of industry Mining	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.) 8

(a) Born alive and now living 5

(b) Born alive but now dead 1

(c) Stillborn 2

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 (Born alive or stillborn) at 10 A. 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 Cyril M. Crow M.D. (Physician or ~~midwife~~).

Given name added from a supplemental report ..... Month, day, year

Address Miami, Arizona

Filed May 20 1932 C. E. Irvin Registrar

..... Registrar

175-40-679