ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 82a

Registered No.

1. PLACE OF BIRTH County: Gila Town: Winkelman Ward: Precinct: Caron City: Miami No. St. (If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex: Male

4. If twin, triplet, or other births: Twin

5. Number, in order of birth:

6. Premature: Full term

7. Legitimate: Yes

8. Date of birth: 4-16-33 (Month, day, year)

FATHER

9. Full name: Fermin Aguilar

10. Residence (usual place of abode) (If nonresident, give place and state): Miami

11. Color or race: Mex

12. Age at last birthday: 44 (Years)

13. Birthplace (city or place) (State or country): Mexico

OCCUPATION

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

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

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

17. Total time (years) spent in this work:

MOTHER

18. Full maiden name: Teresa Marquez

19. Residence (usual place of abode) (If nonresident, give place and state): Miami

20. Color or race: Mex

21. Age at last birthday: 36 (Years)

22. Birthplace (city or place) (State or country): Mexico

OCCUPATION

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

24. Industry or business in which work was done, as own home, laundry, 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: 6 (b) Born alive but now dead: 4 (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 or stillborn) at 7:39 P.M. on the date above stated

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

(Signed) Leonard Bradford M.D.

or Midwife

Address Miami, Ariz.

Given name added from a supplemental report (Date of)

112-216-247

Filed 4/21 1933 C. B. Perkins Registrar.

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.