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. 109

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona.

Township or Village

City Miami No. 27 Live Oak Canon St. Ward

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

2. Full name of child Miguel Santellanes { If child is not yet named, make supplemental report, as directed

3. Sex Male | If plural births { 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate Yes | 8. Date of birth Nov 12, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name Eugene Santellanes	18. Full maiden name Estephena Aguilera
10. Residence (usual place of abode) Miami, Arizona. (If nonresident, give place and State)	19. Residence (usual place of abode) Miami, Arizona. (If nonresident, give place and State)
11. Color or race Mex. 12. Age at last birthday 24 (Years)	20. Color or race Mex. 21. Age at last birthday 21 (Years)
13. Birthplace (city or place) Morenci, Arizona. (State or country)	22. Birthplace (city or place) Jalisco, Mexico. (State or country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work , 19 17. Total time (years) spent in this work	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 1 (b) Born alive but now dead 0 (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 at 8 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.

Given name added from a supplemental report (Date of)

Registrar.

(Signed) Cyril M. Brown, M. D.

or Midwife

Address Miami, Arizona.

Filed Dec. 6, 1933. Cyril M. Brown Registrar.

422-1112-511