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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 123A
Registered No. _____

1. PLACE OF BIRTH

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

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

3. Sex of Child: Female 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: Aug 19 1913
Month Day Year

8. FATHER
Full name: Lucio Portillo

14. MOTHER
Full maiden name: Elisa Mendez

9. Residence (Usual place of abode): Hayden, Ariz.
If non-resident, give place and state.

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If non-resident, give place and state.

10. Color or race: Mexican

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11. Age at last birthday: _____ (Years)

17. Age at last birthday: 21 (Years)

12. Birthplace (city or place): Casa Grande, Chihuahua Mex.
(State or country)

18. Birthplace (city or place): El Triunfo, Lower California Mex.
(State or country)

13. Occupation: Laborer
Nature of Industry: Copper Smelter

19. Occupation: Housewife
Nature of Industry: _____

20. Number of children of this mother: _____ (a) Born alive and now living: 2
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead: 0
(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 or stillborn) at 5:00 P 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: Lucio Portillo
(Physician or midwife)

Given name added from a supplemental report: 576-819-541 Address: Hayden, Arizona
Month, day, year

Registrar: _____ Filed: 2-24 1930 Registrar: W. B. P. [Signature]

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.