Damaged Document(s)

PLACE OF BIRTH

County of Gila

District of Miami Globe

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

State Index No.

Co. Register No.

Local Registrar's No.

(No. St.; Ward

FULL NAME OF CHILD Samuel Gutierrez

Born Alive

If child was not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Male				yes	Sept 24 1913

FATHER		MOTHER	
Full Name	Samuel Gutierrez	Full Maiden Name	Antonio Gutierrez
Residence	Miami	Residence	Miami
Color or Race	Mexican	Color or Race	Mex
Age at last Birthday (Years)	30	Age at last Birthday (Years)	19
Birthplace	Mexico	Birthplace	Arizona
Occupation	Miner	Occupation	Housewife

Number of child of this mother 1 | Number of children, of this mother, now living 1 | Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Sept 24 1913, at 8 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Nelson D. Taylor

(Attending physician, midwife, householder.*)

Address Miami Ariz

Given or christian name added from a supplemental report 191

Filed 9/27 1913 B. G. Fiat LOCAL REGISTRAR.

179-924-179 COUNTY REGISTRAR.

A True Copy

Filed 10/5 1913 B. G. Fiat M.D. COUNTY REGISTRAR.

* This certificate must be filed by the attending physician or midwife with the registrar within 5 days after birth.