

2263

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 846-A  
Registered No. 9

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
each in order of birth stated.  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of

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 José María 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 March 19 1915  
Month Day Year

8. FATHER Full name <u>Lucio Portillo</u>		14. MOTHER Full maiden name <u>Eliza Mendoza</u>	
9. Residence (Usual place of abode) <u>Hayden</u> If non-resident, give place and state. <u>Ariz</u>		15. Residence (Usual place of abode) <u>Hayden</u> If non-resident, give place and state. <u>Ariz</u>	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>25</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>24</u> (Years)
12. Birthplace (city or place) <u>Casa Grande</u> (State or country) <u>Chihuahua, Mex.</u>		18. Birthplace (city or place) <u>El Triunfo</u> (State or country) <u>Lower California Mex</u>	
13. Occupation <u>Barber</u> Nature of Industry _____		19. Occupation <u>Housewife</u> Nature of Industry _____	

20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living. 3  
(b) Born alive but now dead. 0  
(c) Stillborn \_\_\_\_\_

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 9:00 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.  
Given name added from a supplemental report. \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Signature Lucio Portillo Father  
(Physician or midwife.)  
Address 176-39-541 Hayden, Arizona  
Filed 24/30 1915 W.D. Gash Registrar.