178

**PLACE OF BIRTH**

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

**ORIGINAL CERTIFICATE OF BIRTH**

County of Gila

District of Winkelman & Hayes

Town of Christmas

or

City of ..... (No. ..... St; ..... Ward)

State Index No. 118

Co. Register No. 325

Local Registrar's No. 1

FULL NAME OF CHILD Cruz Padilla

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

Born Alive — YES ~~NO~~

| Sex of Child | Twin, Triplet or other | and | Number in order of birth | Legitimate? | Date of Birth (Month) (Day) (Yr.) |
|---|---|---|---|---|---|
| Female | | | 6 | yes | 7 2 1917 |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | Ramon Padilla | Full Maiden Name | Brinida Alvarez |
| Residence | Christmas Ariz | Residence | Christmas |
| Color or Race | Mexican — Age at last Birthday 34 (Years) | Color or Race | Mexican — Age at last Birthday 29 (Years) |
| Birthplace | Sonora Mexico | Birthplace | Sonora Mexico |
| Occupation | Teamster | Occupation | Housewife |

Number of child of this mother 6 | Number of children, of this mother, now living 3 | 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 7-2-1917, at 2:30 P.M.

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

(Signature) [illegible]

(Attending physician, ~~midwife, householder.~~*)

Address Christmas Ariz

Given or christian name added from a supplemental report ..... 191..

Filed July 25 1917

[illegible] Roberts

LOCAL REGISTRAR.

371-702-312

COUNTY REGISTRAR.

Filed Aug 6 1917

A True Copy [illegible]

COUNTY REGISTRAR.

Midwife with each local Registrar within 5 days after birth. This certificate must be filed by the attending Physician or