

ARIZONA STATE BOARD OF HEALTH 165
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 6990
Registered No. 435

PLACE OF BIRTH
County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 4112 Kent St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
Full name of child Berta Josefina Perez (If child is not yet named, make supplemental report, as directed.)

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 August 18 1917 Month Day Year

FATHER
Full name Manuel Villarino Perez
Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
Color or race White 11. Age at last birthday 32 (Years)
Birthplace (city or place) Spain (State or country)
Occupation Butcher
Nature of industry _____

MOTHER
Full maiden name Maria Luisa Rambaud
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
18. Color or race White 17. Age at last birthday 20 (Years)
18. Birthplace (city or place) Mexico (State or country)
19. Occupation Housewife
Nature of industry _____

Number of children of this mother 2 (a) Born alive and now living 2 (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 alive at 11:30 P m. on the date above stated. (Born alive or stillborn.)

Signature J. H. Miller (Physician or midwife.)

When there was no attending physician or midwife, then the father, householder, or mother, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Name added from supplemental report _____ Address Miami, Arizona
Month, day, year 279-818-494 Filed Sept 17 1917 Registrar