

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or  
City of Miami

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 160  
Co. Registrar No. 158  
Local Registrar No. \_\_\_\_\_

No. 4025 Loomis Ave. Ward) (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Santellano } If child is not yet named, make supplemental report, as directed

3. Sex of child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 1st 6. Legitimate? yes 7. Date of birth Mar-19-1923 (Month, day, year)

8. FATHER Full name Timoteo Santellano  
9. Residence (Usual place of abode) Miami  
10. Color or race Mexican  
11. Age at last birthday 20 (Years)  
12. Birthplace (city or place) Mexico (State or country)  
13. Occupation Laborer Nature of industry

14. MOTHER Full maiden name Ricardio Rodriguez  
15. Residence (Usual place of abode) Miami  
16. Color or race Mexican  
17. Age at last birthday 22 (Years)  
18. Birthplace (city or place) Bisbee (State or country) Arizona  
19. Occupation Housewife Nature of industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 5:45 p.m. on the date above stated. (Born alive or stillborn)

\*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 R. J. Jotel m.d. (Physician or midwife)

Address Mesa, Arizona

Given name added from a supplemental report (Month, day, year)

Filed Mar 31, 1923 C.S. Jovel Registrar.

Filed 4-5, 1923 R. J. Jovel County Registrar.

Registrar.

126-319-990