

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

PLACE OF BIRTH

1. County of Pima
 District of _____
 Town of Miami
 or _____

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

State Index No. 176
 Co. Registrar No. 340
 Local Registrar No. _____

City of _____ No. 728 Live Art St. _____ Ward) _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Trinidad Villanueva } 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. Twln, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth May 27, 1923 (Month, day, year)

FATHER
 8. Full name Aurelio Villanueva
 9. Residence (Usual place of abode) Miami, Arizona
 If nonresident, give place and State
 10. Color or race Mex. Can. 11. Age at last birthday 28 (Years)
 12. Birthplace (city or place) Mex. Co.
 (State or country)
 13. Occupation miner
 Nature of Industry _____

MOTHER
 14. Full maiden name Regina Wilson
 15. Residence (Usual place of abode) Miami, Arizona
 If nonresident, give place and State
 16. Color or race Mex. Can. 17. Age at last birthday 20 (Years)
 18. Birthplace (city or place) Mex. Co.
 (State or country)
 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 2 (b) Born alive but now dead 2 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6:45 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 J. J. Miller (Physician or midwife)
 Address Miami, Arizona

Given name added from a supplemental report _____ (Month, day, year)
 Filed May 31, 1923 O. E. Irwin Local Registrar.
 Filed 6-6, 1923 B. G. Fox County Registrar.

Registrar. 355-527-941