

1020

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 149  
County Registrar No. 538  
Local Registrar No. \_\_\_\_\_

2. Full name of child Edward Trefillo  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
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 \_\_\_\_\_  
6. Legitimate? yes  
7. Date of birth 8/8/23  
Month day year

8. FATHER  
Full name Ralph Trefillo

14. MOTHER  
Full maiden name Antonio Perez.

9. Residence (Usual place of abode) Miami  
If nonresident, give place and state of

15. Residence (Usual place of abode) Miami  
If nonresident, give place and state any.

10. Color or race white  
11. Age at last birthday 28 (Years)

16. Color or race white  
17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Mexico  
(State or country)

18. Birthplace (city or place) Mexico  
(State or country)

13. Occupation miner  
Nature of industry

19. Occupation housewife  
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 1  
(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 Bonoline at 8 P. a.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 evidences of life after birth.  
Signature H. Slaughter (Physician or midwife)  
Address Miami any

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Filed Aug 31, 1923 J. P. J. J.  
Filed 9-5-23 B. J. J.  
Local Registrar. \_\_\_\_\_  
County Registrar. \_\_\_\_\_

In order of birth stated.

536-808-179