

2211

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

District of \_\_\_\_\_

Town of Miami

or \_\_\_\_\_

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 176

County Registrar No. 85

Local Registrar No. \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Roberto Aguilar } 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. Legitimate? yes 6. Date of birth Jan. 26-1924 Month day year

5. FATHER Full name Daniel Aguilar

14. MOTHER Full maiden name Eduvicas Coriada

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

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

10. Color or race Mex 11. Age at last birthday 29 (Years)

16. Color or race Mex 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Sinaloa, Mex (State or country)

18. Birthplace (city or place) Sonora Mex (State or country)

13. Occupation Nature of industry Miner

19. Occupation Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 4 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

21. Were precautions taken against ph thalnia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn.) at 6:30 a.m. on the date above stated.

Signature E. M. Crow M.D. (Physician or midwife)  
Address Miami - Arizona

Given name added from a supplemental report \_\_\_\_\_ Filed Jan 31, 1924 E. D. Swin Local Registrar.

Registered \_\_\_\_\_ Filed 2/5 1924 B. S. J. H. County Registrar.

919 - 126 - 531