

224

THIS IS A PERMANENT RECORD
WHICH REMAINS WITH UNFADING INK. 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.

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

PLACE OF BIRTH
1. County of Pima
District of _____
Town of Miami
or _____
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 150
County Registrar No. 308
Local Registrar No. _____

2. Full name of child Amiceto Gutierrez } 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 April 17, 1924
Month day year

8. FATHER Full name <u>Rodrigo Gutierrez</u>		14. MOTHER Full maiden name <u>Catalina Cabrera</u>	
9. Residence (Usual place of abode) <u>Miami, Arizona</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami, Arizona</u> If nonresident, give place and state	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>24</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>18</u> (Years)
12. Birthplace (city or place) _____ (State or country) <u>New Mexico</u>		18. Birthplace (city or place) _____ (State or country) <u>Mexico</u>	
13. Occupation <u>Motor man helper</u> Nature of industry <u>Copper mining</u>		19. Occupation <u>Housewife</u> 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 <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was still born at 12:15 P.M. on the date above stated.
(Born alive or stillborn.)

Signature J. J. Miller (Physician or midwife)
Address Miami, Arizona
Given name added from a supplemental report _____
Month, day, year _____

Filed April 31, 1924 _____ Local Registrar.
Filed 5-5, 1924 _____ County Registrar.

179-417-331