

1154

RESERVED FOR BINDING  
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

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 114  
County Registrar No. 873  
Local Registrar No. 52

2. Full name of child Eurico Juan Portillo (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. Other 5. No., in order of birth 4th 6. Legitimate? Yes 7. Date of birth May 4 1924 Month day year

8. FATHER Full name Juan Portillo  
3. Residence (Usual place of abode) Payson Ariz  
If nonresident, give place and state

14. MOTHER Full maiden name Maria Vasquez  
15. Residence (Usual place of abode) Payson  
If nonresident, give place and state

10. Color or race White Mex. 11. Age at last birthday 49 (Years)

16. Color or race White Mex 17. Age at last birthday 35 (Years)

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

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

13. Occupation Nature of industry Road Foreman

19. Occupation Nature of industry Housewife

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 4 (b) Born alive but now dead 0 (c) Stillborn 0

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 born alive at 10:30 a. m. on the date above stated. (Born alive or stillborn.)

Signature C. H. Risser M.D. (Physician or midwife)  
Address Payson Ariz

Given name added from a supplemental report \_\_\_\_\_ Month, day, year. Filed 5720 1924 Jay F. Vanni Local Registrar. Filed 6-5 1924 B. S. F. O. A. County Registrar.

576-504-452