[redacted]

PLACE OF BIRTH

1. County of Gila

District of Lower Miami

Town of Miami

or

City of ..... No. 133 Grover Canyon St. ..... Ward

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 153

County Registrar No. 412

Local Registrar No. .....

2. Full name of child Rita Portilla } 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. Twin, triplet or other..... 5. No., in order of birth.....

6. Legitimate? yes

7. Date of birth May 22. 1924 (Month day year)

FATHER

8. Full name Ignacio Portillo

9. Residence (Usual place of abode) Miami, Ariz. Lower Miami

If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 37 (Years)

12. Birthplace (city or place) .....

(State or country) Mexico

13. Occupation Millman

Nature of industry Copper mining

MOTHER

14. Full maiden name Juana Chiveste

15. Residence (Usual place of abode) Miami, Arizona

If nonresident, give place and state

16. Color or race Mexican

17. Age at last birthday 25 (Years)

18. Birthplace (city or place) .....

(State or country) Mexico

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 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 alive (Born alive or stillborn.) at 9:25 P.m. on the date above stated.

*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 F. T. Miller (Physician ~~or midwife~~)

Address Miami, Arizona

Given name added from a supplemental report ..... Month, day, year. Filed May 31, 1924 C. E. Zinn Local Registrar.

..... Registrar. Filed 6-6 1924 B. G. Fox County Registrar.

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.

971-522-135