

2122

PLACE OF BIRTH Gila

### ARIZONA STATE BOARD OF HEALTH

1. County of \_\_\_\_\_  
District of \_\_\_\_\_  
Town of miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

#### BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 120  
County Registrar No. 704  
Local Registrar No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

No. 3205 Loomis

(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.

2. Full name of child \_\_\_\_\_  
3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? yes 5. No., in order of birth \_\_\_\_\_ 7. Date of birth Sept 5, 1924  
Month day year

8. FATHER  
Full name José Atilano  
9. Residence (Usual place of abode) miami, Arizona  
If nonresident, give place and state \_\_\_\_\_  
10. Color or race mexican  
11. Age at last birthday 23 (Years)  
12. Birthplace (city or place) (State or country) mexico  
13. Occupation miner  
Nature of industry Copper

14. MOTHER  
Full maiden name Felicidas Huerta  
15. Residence (Usual place of abode) miami Arizona  
If nonresident, give place and state \_\_\_\_\_  
16. Color or race mexican  
17. Age at last birthday 24 (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 0 (b) Born alive but now dead 0 (c) Stillborn one 21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was stillborn at 3 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 J. J. Miller (Physician or midwife)  
Address miami, Arizona  
Given name added from \_\_\_\_\_  
a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Filed Sept 30, 1924 \_\_\_\_\_ Local Registrar.  
Filed 10-6, 1924 B. J. J. J. J. County Registrar.

Registrar.

County Registrar.

016-905-061