

21115

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of Miami Ariz.
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 126
County Registrar No. 708
Local Registrar No. _____

2. Full name of child Petra Chelus (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 M To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? 7. Date of birth 9-8-Tuesday-24
Month day year

8. FATHER
Full name Aristero Chelus

14. MOTHER
Full maiden name Ramona Padilla

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

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

10. Color or race Light Dark

16. Color or race Light Dark

11. Age at last birthday 24 (Years)

17. Age at last birthday 41 (Years)

12. Birthplace (city or place) City of Leon
(State or country) State of Guanajuato Mex.

18. Birthplace (city or place) Mesa State of
(State or country) Ariz. Mex.

13. Occupation
Nature of industry miner

19. Occupation
Nature of industry house wife

20. Number of children of this mother (Taken as of time of birth of child hereina certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn X
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 Born (Born alive or stillborn.) at 4 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 Ricarda Gutierrez (Physician or midwife) A
Address Clayton Arizona

Given name added from a supplemental report _____ Month, day, year. Filed Sept 30 1924 C. E. Dwin Local Registrar. Filed 10-6 1924 B. S. J. 104 County Registrar.

737-906-971