2004

PLACE OF BIRTH

1. County of Gila

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)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 130

County Registrar No. 957

Local Registrar No.

2. Full name of child Viviana Delgadilla — 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 2

6. Legitimate? yes

7. Date of birth Dec. 2 - 1924 (Month day year)

8. FATHER	14. MOTHER
Full name Salvador Delgadilla	Full maiden name Crecencia Munoz
9. Residence (Usual place of abode) Miami	15. Residence (Usual place of abode) Miami
If nonresident, give place and state Ariz.	If nonresident, give place and state Ariz.
10. Color or race Mex.	16. Color or race Mex.
11. Age at last birthday 25 (Years)	17. Age at last birthday 23 (Years)
12. Birthplace (city or place) Jalisco	18. Birthplace (city or place) Jalisco
(State or country) Mex.	(State or country) Mex.
13. Occupation Nature of industry Miner	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 2
(b) Born alive but now dead .....
(c) Stillborn .....

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 at 9 P. 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 Cyril M. Crow M.D. (Physician ~~or midwife~~)

Address Miami, Arizona

Given name added from a supplemental report ..... Month, day, year.

Filed Dec 31, 1924 C. E. Irvine Local Registrar.

Filed 1-5, 1925 B. G. Day County Registrar.

..... Registrar.

541-1202-349

In order of birth stated.