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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Cocoa

District of _____

Town of _____

or _____

City of Miami

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 218

County Registrar No. 1030

Local Registrar No. _____

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby Gutierrez (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 Dec-30-1924 Month Day Year

8. FATHER Full name Jose Gutierrez

9. Residence (Usual place of abode) Lower Miami If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 26 (Years)

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

13. Occupation Miner Nature of industry

14. MOTHER Full maiden name Rozala Miquez

15. Residence (Usual place of abode) Lower Miami If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 23 (Years)

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

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 None (b) Born alive but now dead One (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 _____ (Name of child or stillborn.) at 5 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 evidence of life after birth.

Signature R. J. Hotel (M.D.) (Physician or midwife)

Address Miami, Fla.

Given name added from a supplemental report _____ Filed Dec 31, 1924 Local Registrar.

Month, day, year _____ Filed 1-5, 1925 County Registrar.

Registrar _____

County Registrar _____

079-1230-949

order of birth stated.