

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Cochise  
 District of Miami  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 103  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Guadalupe 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 \_\_\_\_\_ 6. Legitimate? Yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth Feb-3-1925  
 Month Day Year

8. FATHER  
 Full name Francisco Gutierrez

14. MOTHER  
 Full maiden name Maria Perez

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

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 If non-resident, give place and state.

10. Color or race Mexican  
 11. Age at last birthday 25 (Years)

16. Color or race Mexican  
 17. Age at last birthday 28 (Years)

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

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

13. Occupation miner  
 Nature of industry

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 2  
 (b) Born alive but now dead 3  
 (c) Stillborn None

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 \_\_\_\_\_ at 4 P. m. on the date above stated (Born alive or ~~dead~~.)

\* 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 D. J. Aotel M.D.  
 (Physician or midwife)  
 Address Miami, Fla.

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Filed March 10, 1925 Nelson O. Bragerton Local Registrar.  
 \_\_\_\_\_, 19\_\_\_\_ County Registrar.  
 \_\_\_\_\_ Registrar

779-203-479