

PLACE OF BIRTH

1. County of DeLa

District of _____

Town of Miami

or _____

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 171

County Registrar No. _____

Local Registrar No. _____

No. 719 Live Oak St. (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____2. Full name of child Miguel Aguilar (If child is not yet named, make supplemental report, as directed.)3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, no 5. No., in order of birth 2 6. Legitimate? yes 7. Date of birth Feb. 22-1920
Month Day Year8. FATHER
Full name Miguel Aguilar9. Residence (Usual place of abode) Miami Ariz.
If non-resident, give place and state.10. Color or race Mex. 11. Age at last birthday 35 (Years)12. Birthplace (city or place) Chihuahua Mex
(State or country)13. Occupation
Nature of industry Miner14. MOTHER
Full maiden name Luisa Espinoza15. Residence (Usual place of abode) Miami Ariz.
If non-resident, give place and state.16. Color or race Mex. 17. Age at last birthday 25 (Years)18. Birthplace (city or place) Chihuahua Mex.
(State or country)19. Occupation
Nature of industry Housewife20. 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 7 (b) Born alive but now dead _____ (c) Stillborn _____ 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 at 6:20 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 evidence of life after birth.
Signature: Layril M. Brown M.D. (Physician or midwife)
Address: Miami, ArizonaGiven name added from a supplemental report _____ Filed April 5, 1925 - Alan W. Brayton Local Registrar

Month, day, year

Registrar

Filed _____, 19____

County Registrar.

419-222-351

WRITE PLA. WITH UNFADING INK. IS IS A PERMANENT. A SEPARATE RETURN must be made for each, and the number of each in order of birth stated. 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.