

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 203
 County Registrar No. 44
 Local Registrar No. _____

PLACE OF BIRTH
 1. County of Lila
 District of Elle Valley
 Town of Miami
 or
 City of Miami Ariz

2. Full name of child Pasquel Benigna Gutierrez
(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 Male
To be answered ONLY in event of plural births.
 4. Twin, triplet or other Yes
 5. Legitimate? Yes
 6. Date of birth March 30 1925
Month day year

5. FATHER
 Full name Rodrigo Gutierrez
 9. Residence (Usual place of abode) Miami
If nonresident, give place and state

14. MOTHER
 Full maiden name Catalina Cabrera
 15. Residence (Usual place of abode) Miami
If nonresident, give place and state

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

16. Color or race Brown
 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) (State or country) S. Bicente New Mexico
 13. Occupation Nature of industry Labor

18. Birthplace (city or place) (State or country) Merillas Sacatecas Mex
 19. Occupation Nature of industry Domestic

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 _____
 (b) Born alive but now dead 2
 (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 alive at 12 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 evidences of life after birth.
 Signature Nicenta Gutierrez
 Address Clay Post Box
(Physician or midwife)

Given name added from a supplemental report April 2 1925 Filed May 7, 1925
Month, day, year. Local Registrar C. E. Brown

Registrar _____ Filed _____ 19 _____ County Registrar _____

779-331-331
 This child lived but 24 hours. Death certificate signed by Dr. M. D. Beayton who was called in attendance