

WRITE PL. BY 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 Gila
 District of Arizona
 Town of Midway
 or Midway
 City of Midway

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 154
 County Registrar No. 33
 Local Registrar No. 33

No. 52-6-Davis Canyon St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Delipa Padilla } If child is not yet named, make supplemental report, as directed.
 3. Sex of Child F } To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 6. Date of birth May 11 1925
 Month day year

3. FATHER
 Full name Bartolo Padilla

14. MOTHER
 Full maiden name Mercedes Posada

9. Residence (Usual place of abode)
 If nonresident, give place and state Same

15. Residence (Usual place of abode)
 If nonresident, give place and state Same

10. Color or race Mexican
 11. Age at last birthday 29 (Years)

16. Color or race Mexican
 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) San Juan Lagos Jalisco Mexico
 (State or country)

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

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 4
 (b) Born alive but now dead _____
 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum?
yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of this child, who was _____ at 3 p 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.
 (Even name added from supplemental report)

Signature R. Hernandez, M.D.
 (Physician or midwife)
 Address Box 1085 - Midway, Arizona
 Filed May 7, 1925
 Local Registrar.

Registrar.

Filed _____ 19 _____

County Registrar.

671-501-471