

WRITE PL. X 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 DeLa
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 150
 County Registrar No. _____
 Local Registrar No. 55

2. Full name of child Porfirio Gallegos (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 0 6. Legitimate? yes 7. Date of birth May 9 - 1926
 Month Day Year

8. FATHER
 Full name Miguel Gallegos
 9. Residence (Usual place of abode) Miami Ariz.
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Magdalena Galvan
 15. Residence (Usual place of abode) Miami Ariz.
 If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 32 (Years)

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

12. Birthplace (city or place) Egualle, New Mex.
 (State or country)

18. Birthplace (city or place) Chihuahua Mex.
 (State or country)

13. Occupation
 Nature of industry Machine man

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 5
 (b) Born alive but now dead 4
 (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 at 7:30 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 Beryl M. Brown M.D. (Physician or midwife)
 Address Miami, Ariz.

Given name added from a supplemental report _____
 Month, day, year _____ Filed May 16, 1925 P. E. Dwin Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar.

772-509-475