

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 *File*

# ARIZONA STATE BOARD OF HEALTH

1. County of Miami Arizona

District of \_\_\_\_\_

Town of \_\_\_\_\_

or  
City of Miami Arizona

No. Live Oak 1007

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 228

County Registrar No. \_\_\_\_\_

Local Registrar No. 91

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Gregorio Gutierrez } If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

Boy

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate \_\_\_\_\_

Yes

7. Date of Birth

Monday  
Month May day 25 year 1925

3. FATHER

Full name Jose Gutierrez

2. Residence (Usual place of abode)

Miami Mex

If nonresident, give place and state

10. Color or race

White Mex

11. Age at last birthday 30 (Years)

12. Birthplace (city or place)

Chihuahua Mex

(State or country)

13. Occupation

Nature of industry miner

14. MOTHER

Full maiden name Carmen G. Romero

15. Residence (Usual place of abode)

Miami Mex

If nonresident, give place and state

16. Color or race

White Mex

17. Age at last birthday 27 (Years)

18. Birthplace (city or place)

Lanora Mex

(State or country)

19. Occupation

Nature of industry Home

20. Number of children of this mother

3 children  
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 30

(b) Born alive but now dead 0

(c) Stillborn 0

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 10 AM 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 Delfina A. Dominguez

Address Live Oak a. 808

(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year.

Filed June 2, 1925

C. E. Dorn  
Local Registrar.

Registrar.

Filed \_\_\_\_\_ 19\_\_\_\_

County Registrar.

779-525-394