ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 231
Registered No. 101

1. PLACE OF BIRTH

County ~~Miami~~ Gila State Arizona

District or Township or Village

City Miami No. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby Atilano (premature) {If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Female

To be answered ONLY in event of plural births.

4. Twin, triplet or other

5. No., in order of birth 2

6. Legitimate? Yes

7. Date of birth May 26 1925
Month Day Year

FATHER

8. Full name Jose Atilano

9. Residence (Usual place of abode) Miami
If non-resident, give place and state.

10. Color or race Mexican

11. Age at last birthday 23 (Years)

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

13. Occupation Miner
Nature of industry Mining

MOTHER

14. Full maiden name Felecita Huerta

15. Residence (Usual place of abode) Miami
If non-resident, give place and state.

16. Color or race Mexican

17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Jalisco Mexico
(State or country)

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living none
(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 (Born alive or stillborn.) at 11 a. m. on the date above stated

* 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 Lyle M Cron MD
(Physician or midwife).

Given name added from a supplemental report
Month, day, year

Address

Registrar

Filed June 11, 1925 C. E. Dorn
Registrar

016-526-681

WRITE ONLY 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.