MARGIN RESERVED FOR BINDING

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 189

County Registrar No.

Local Registrar No. 206

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of Miami No. 710 Church-Hill St. Ward

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

2. Full name of child Fernando Trujillo { 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 5. No., in order of birth

6. Legitimate? yes

7. Date of birth 7 (Month) 21 (Day) 1925 (Year)

FATHER

8. Full name Refugio Trujillo

9. Residence (Usual place of abode) Miami-Ariz

If non-resident, give place and state.

10. Color or race Mexican

11. Age at last birthday 37 (Years)

12. Birthplace (city or place) San Sebastian

(State or country) Jalisco-Mexico

13. Occupation

Nature of industry Miner

MOTHER

14. Full maiden name Agapita Bernal

15 Residence (Usual place of abode) Miami-Ariz

If non-resident, give place and state.

16 Color or race Mexican

17. Age at last birthday 31 (Years)

18. Birthplace (city or place) San-Sebastian

(State or country) Jalisco-Mexico

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.) 7

(a) Born alive and now living 4

(b) Born alive but now dead 3

(c) Stillborn none

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 5 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 Francisca Tapia Martinez (Physician or midwife).

Address 710 Church-Hill

Given name added from a supplemental report

Month, day, year

636-721-123

Registrar

Filed Aug 12, 1925 P. E. Orme

Local Registrar.

Filed , 19

County Registrar.