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

STANDARD CERTIFICATE OF BIRTH

State File No. 128 V

Registered No. 277

1. PLACE OF BIRTH

County 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 Eva Trujillo (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

6. Legitimate? yes

7. Date of birth Sept. 16, 1925. (Month, Day, Year)

FATHER	MOTHER
8. Full name Rafael Trujillo	14. Full maiden name Antonia Perez
9. Residence (Usual place of abode) Miami,	15 Residence (Usual place of abode) Miami,
If non-resident, give place and state. Arizona	If non-resident, give place and state. Arizona
10. Color or race Mex.	16 Color or race Mex.
11. Age at last birthday 28 (Years)	17. Age at last birthday 24 (Years)
12. Birthplace (city or place) Guanajuato	18. Birthplace (city or place) Chihuahua
(State or country) Mex.	(State or country) Mex.
13. Occupation / Nature of industry Laborer	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 3
(b) Born alive but now dead 3
(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 (Born alive or stillborn) at 12 40 P. 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 Cyril M. Cron M.D.

Physician (Physician or midwife).

Address Miami, Arizona.

Given name added from a supplemental report

Month, day, year

536-916+179

Registrar

Filed Oct 1, 1925 C. E. Irvin

Registrar