

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

195 V  
 State File No. 381  
 Registered No. 381

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 50 Porto Rico Canon Ward \_\_\_\_\_  
(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.

**2. Full name of child** \_\_\_\_\_

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Nov. 27, 1926</u> Month Day Year
		5. No., in order of birth _____		

**8. FATHER**  
 Full name Raymundo Villarel  
 9. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. \_\_\_\_\_  
 10. Color or race Mex.  
 11. Age at last birthday 31 (Years)  
 12. Birthplace (city or place) Aidalgo, Mex.  
 (State or country) \_\_\_\_\_  
 13. Occupation  
 Nature of Industry Miner

**14. MOTHER**  
 Full maiden name Guillermo Rodriguez  
 15. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. \_\_\_\_\_  
 16. Color or race Mex.  
 17. Age at last birthday 23 (Years)  
 18. Birthplace (city or place) Zacatecas, Mex.  
 (State or country) \_\_\_\_\_  
 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 1  
 (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 9 P. 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 Guy M. Brown M.D.  
Physician  
(Physician or midwife).

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

Address Miami, Arizona  
 Filed Dec 4, 1926  
P. E. Jim  
 Registrar

WRITE PLAINLY WITH UNFADING INK - HIS IS A PERMANENT RECORD - 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.

053-1127-779