

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

State File No. 200
 Registered No. 372

1. PLACE OF BIRTH

County Yuma State _____
 District or Township _____ of Village _____
 City Yuma No. 812 New Oak St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ernesto Portillo
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Male</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. 29, 1925</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
 Full name Salvador Portillo

14. MOTHER
 Full maiden name Luz Bustamante

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

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

10. Color or race
Mexican

11. Age at last birthday 34 (Years)

16. Color or race
Mexican

17. Age at last birthday 31 (Years)

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

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

13. Occupation
 Nature of Industry Merchant

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 <u>6</u>
(b) Born alive but now dead <u>4</u>
(c) Stillborn <u>None</u>

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 _____ at 39 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 E. J. Sotol m
Yuma, Ariz
(Physician or midwife.)

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

Address _____
 Filed Dec 1, 1925 C. E. J. m
 Registrar

5740-1129-325

K-1. IS IS A PERMANENT RECORD RETURN must be filed and the number of each in