

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

State File No. 174  
438

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 409-B Skyline Trail St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Demetris Badilla { 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 \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth Dec 22 1925  
 Month Day Year

8. **FATHER**  
 Full name Tosifilo Badilla  
 9. Residence (Usual place of abode) Miami Arizona  
 If non-resident, give place and state.  
 10. Color or race mexican  
 11. Age at last birthday 21 (Years)  
 12. Birthplace (city or place) Silver City  
 (State or country) New Mexico  
 13. Occupation miner  
 Nature of industry Copper

14. **MOTHER**  
 Full maiden name Luz Dominguez  
 15. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state.  
 16. Color or race Mexican  
 17. Age at last birthday 20 (Years)  
 18. Birthplace (city or place) Santa Rita  
 (State or country) New Mexico  
 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 1  
 (b) Born alive but now dead 1  
 (c) Stillborn 0  
 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 alive at 1:10 a m. on the date above stated  
(Born alive or stillborn)

Signature J. J. Tommler  
 \_\_\_\_\_  
(Physician or midwife)

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

Registrar \_\_\_\_\_ Filed Jan 9 1926 R. E. Devin Registrar

421-1222-349

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.