ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 122
Registered No. 454

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 108 Depot Hill ~~St.~~ _____ Ward

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

2. Full name of child Consuela Delgadillo { 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 Jan. 2, 1926 (Month Day Year)

8. FATHER

Full name Apolonio Delgadillo

9. Residence (Usual place of abode) Miami.

If non-resident, give place and state. Ariz.

10. Color or race Mex.

11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Zacatecas

(State or country) Mex

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Julieta Madril

15 Residence (Usual place of abode) Miami.

If non-resident, give place and state. Ariz.

16 Color or race Mex.

17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Clifton

(State or country) Ariz

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 1
(b) Born alive but now dead _____
(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 3 A. 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~~).

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

Address Miami, Ariz.

Filed Jan 24, 1926 C. E. Irvin Registrar

_____ Registrar

346-107-143

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.