

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

**BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH**

State Index No. 187
 County Registrar No. _____
 Local Registrar No. 560

No. 4095 Turkey Shoot Canon Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Porfirio Villaverde { 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 _____ 5. No. in order of birth _____ 6. Legitimate? yes 7. Date of birth Feb. 26, 1926
 Month Day Year

8. FATHER
 Full name Jose Villaverde
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona
 10. Color or race Mex.
 11. Age at last birthday 26 (Years)
 12. Birthplace (city or place) Durango, Mex.
 (State or country)
 13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Carmen Armenta
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona
 16. Color or race Mex.
 17. Age at last birthday 26 (Years)
 18. Birthplace (city or place) Cananea, Son-Mex.
 (State or country)
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother } (a) Born alive and now living 1
 (Taken as of time of birth of child herein } (b) Born alive but now dead _____
 certified and including this child.) } (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 9:35 A. 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 Layla M. Brown M.D. (Physician or midwife).
 Address Miami, Arizona

Given name added from a supplemental report _____ Filed Apr 7, 1926 P. E. Dwin Local Registrar.
 Registrar _____ Filed _____ 19____ County Registrar.

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.

DEATH
 IZON
 OMENT

755 - 326 - 311