

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

District of _____

Town of _____

or _____

City of Miami

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 137

County Registrar No. 593

Local Registrar No. _____

No. 610 Live Oak St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Raquel Gutierrez (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 April-9-1926
Month Day Year

8. FATHER Full name Rodrigo Gutierrez

14. MOTHER Full maiden name Catalina Cabrera

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

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

10. Color or race Mexican 11. Age at last birthday 26 (Years)

16. Color or race Mexican 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Fierro
(State or country) N. Mex

18. Birthplace (city or place) Ed Paso
(State or country) Texas

13. Occupation Miner
Nature of industry _____

19. Occupation House wife
Nature of industry _____

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 none
(b) Born alive but now dead none
(c) Stillborn 2

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 4 P. m. on the date above stated
(Born alive or ~~dead~~)

* 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. L. Hotel m. d.
(Physician or midwife)

Address Miami Ariz.

Given name added from a supplemental report _____ Filed Apr 30 1926 _____ Local Registrar.

Registrar _____ Filed _____ 19 _____ County Registrar.

979-409-331

Order of birth stated.