

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Esala

BUREAU OF VITAL STATISTICS

State Index No. 128

District of Main

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 610

Town of _____

Local Registrar No. 610

or

City of _____

No. 368 Puerto Rico Canyon Ward _____

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

2. Full name of child Miguel Aguilera

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other.

6. Legitimate?

7. Date of birth

May 8 - 1926
Month day year

Male

5. No., in order of birth

Yes

8. FATHER
Full name Feliciano Aguilera

14. MOTHER
Full maiden name Euseobeta Marquez

9. Residence (Usual place of abode) Lower Main
If nonresident, give place and state

15. Residence (Usual place of abode) Lower Main
If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 38 (Years)

16. Color or race Mexican

17. Age at last birthday 30 (Years)

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

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

13. Occupation Miner
Nature of industry

19. Occupation Housewife
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 3
(b) Born alive but now dead 2
(c) Stillborn none

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 6 P. 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 evidences of life after birth.

Signature P. L. Hotel MD

Address Miguel Ave

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

Filed May 26, 1926 E. E. Dinn
Local Registrar.

Registrar.

Filed _____, 19____

County Registrar.

411 - 508 - 749