

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

State File No. 867 ¹⁷¹
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 18 Benginean St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elisa Padilla { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Sept 26-1926</u>
		5. No., in order of birth _____		Month Day Year

8. FATHER
Full name Santiago Padilla
9. Residence 18 Benginean No 18
(Usual place of abode)
If non-resident, give place and state.
10. Color or race Mexican
11. Age at last birthday 30 (Years)
12. Birthplace (city or place) Tepatitlan
(State or country) Jalisco Mexico
13. Occupation Miner
Nature of industry _____

14. MOTHER
Full maiden name Josifa Torres
15. Residence 18 Benginean
(Usual place of abode)
If non-resident, give place and state.
16. Color or race Mexican
17. Age at last birthday 18 (Years)
18. Birthplace (city or place) Tepatitlan
(State or country) Jalisco Mexico
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother <u>2</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>2</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
	(b) Born alive but now dead <u>1</u>	
	(c) Stillborn _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 o. 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 Rosa Cortez
(Physician or midwife)

Given name added from a supplemental report _____
Address 708 Sullivan St Miami Ariz
Month, day, year _____
Filed Nov 4 1926 Le E. Orr
Registrar

571-926-162

WRITE ALIENLY 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.