

PLACE OF BIRTH

1. County of Gila

District of _____

Town of Miami

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 177County Registrar No. 888

Local Registrar No. _____

No. 723 Live Oak St. St. _____ Ward _____

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

2. Full name of child Francisco Aguilar (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 Oct. 20, 1926 Month Day Year

8. FATHER

Full name Ramon Aguilar9. Residence (Usual place of abode) Miami, Ariz.

If non-resident, give place and state.

10. Color or race met.11. Age at last birthday 23 (Years)12. Birthplace (city or place) Guaymas - Son(State or country) met.13. Occupation minerNature of Industry mining

14. MOTHER

Full maiden name Florencia Barrage15. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

16. Color or race met.17. Age at last birthday 21 (Years)18. Birthplace (city or place) Nogales(State or country) met.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 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 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 evidence of life after birth. Signature Lynel M. Brown M.D. (Physician or midwife) Address Miami, ArizonaGiven name added from a supplemental report _____ Filed Nov 4 1926 Local Registrar R. E. Jones

Month, day, year

Local Registrar.

Registrar _____

Filed _____ 19 _____

County Registrar.

619-1020-625

In case of more than one child at a birth, a SEPARATE REPORT MUST BE MADE FOR EACH CHILD IN ORDER OF BIRTH STARTED.