ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 202

Registered No. 88

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village

City Miami No. 11 Davis Canon St., Ward

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

2. Full name of child Filimon Barella { 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 1928 (Month Day Year)

FATHER	MOTHER
8. Full name: Filimon Barella	14. Full maiden name: Josephine Samorra
9. Residence (Usual place of abode): Miami,	15. Residence (Usual place of abode): Miami
If non-resident, give place and state: Arizona	If non-resident, give place and state: Arizona
10. Color or race: Mex.	16. Color or race: Mex.
11. Age at last birthday: 48 (Years)	17. Age at last birthday: 32 (Years)
12. Birthplace (city or place): Mesilla,	18. Birthplace (city or place): Juarez Chih,
(State or country): New Mex.	(State or country): Mex.
13. Occupation: Cement worker	19. Occupation: Housewife
Nature of industry: Mining	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 5
(b) Born alive but now dead 4
(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 alive (Born alive or stillborn.) at 1 P. m. on the date above stated

*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 Cyril M. Crow M.D.
Physician (Physician or midwife).

Address Miami, Arizona

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

Registrar

Filed Mch 5 28, 19 C. E. [illegible]
Registrar

621-226-121