

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

State File No. 116  
 Registered No. 353

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township Line Oak or Village \_\_\_\_\_  
 City Miami No. K-18 Line Oak Camp St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Carlota Padilla 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 Aug 9 1928  
Month Day Year

8. FATHER  
 Full name Bonifacio Padilla

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

10. Color or race Mexican 11. Age at last birthday 23 (Years)

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

13. Occupation Miner  
 Nature of industry Copper

20. Number of children of this mother \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child).

14. MOTHER  
 Full maiden name Maria Gonzales

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

16. Color or race Mexican 17. Age at last birthday 19 (Years)

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

19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

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 alive at 5:50 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 J. J. Miller  
MD  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year

Filed Aug 15 1928 K. B. Dwyer

Registrar.

Registrar.

371-809-472