

PLAIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC

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.

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

137
State File No. 375
Registered No.

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 916 Line 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 Velia 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. 17-1928
Month Day Year

8. FATHER
Full name Felipe Padilla

14. MOTHER
Full maiden name Mercedes Gutierrez

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

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

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

16. Color or race Mex. 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Hillsborough
(State or country) N. Mex.

18. Birthplace (city or place) Nacozari
(State or country) Sonora, Mex.

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

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 _____ (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 alive at 3:30 P. 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 Cyril M. Brown M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____
Address Miami - Arizona
Month, day, year _____
Filed Aug 31, 19 28 B. E. Jim
Registrar.

571-812-479