

PLAINLY 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of Miami
Town of Miami
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 145
County Registrar No. 360
Local Registrar No. _____

2. Full name of child Tronessa Aguilera
3. Sex of Child Boy To be answered ONLY In event of plural births. } 4. Twin, triplet or other 1st 5. No., in order of birth 1st 6. Legitimate? Yes 7. Date of birth 5-24-1928
Month day year

8. FATHER
Full name José Aguilera
9. Residence (Usual place of abode) Miami
If nonresident, give place and state _____

14. MOTHER
Full maiden name Trinidad Lopez
15. Residence (Usual place of abode) Miami
If nonresident, give place and state _____

10. Color or race Mex
11. Age at last birthday 26 (Years)

16. Color or race Mex
17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Injune
(State or country) Texas

18. Birthplace (city or place) San Juan
(State or country) Texas

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 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 alive at 11 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 evidences of life after birth.
Signature J. M. Caskill (Physician or midwife)
Address _____

Given name added from a supplemental report _____
Month, day, year. Filed Aug 27 28 Local Registrar. C. E. Davis

Registrar. _____ Filed _____ 19 _____ County Registrar.

311-821-332