

WRITE PLAINLY WITH BLUE-INK IN A P.E. INK-RECORD
 IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF ea.
 order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 151
 Registered No. 408

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 42 Paris Canon St., _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Aurora Gutierrez
(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 Sept. 16-1928
Month Day Year

8. FATHER
 Full name Jose Gutierrez

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

10. Color or race Mex.
 11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Jalisco Mex.
(State or country)

13. Occupation
 Nature of industry Miner

20. Number of children of this mother 5
(Taken as of time of birth of child herein certified and including this child).

14. MOTHER
 Full maiden name Germania Preciado

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

16. Color or race Mex.
 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Jalisco Mex.
(State or country)

19. Occupation
 Nature of industry Housewife

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 5:30 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 Eyrl M. Brown, M.D.
Physician
(Physician or midwife).

Given name added from _____ Address Miami, Arizona
 a supplemental report. Month, day, year _____

Filed Sept 25 1928 Registrar C. E. Dorr

179-916-976