

CERTIFICATE AMENDED  
SEE NOTATION #

\* NAME ENTERED BY AFFIDAVIT - MARRIAGE RECORD AND  
BAPTISMAL RECORD OF CHILD (1-22-73 *born*)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. *205a*

Registered No. *509a*

1. PLACE OF BIRTH

County *Gila*

State *Arizona*

District or Township

or Village

City *Miami*

No. *3309*

*Turkey Shoot*

St.

Ward

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

2. Full name of child *Rogelia Atilano*

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other.....

6. Legitimate?

7. Date

of birth

Month

Day

Year

*Female*

5. No., in order of birth.....

*yes*

*Oct 31 1928*

8.

FATHER

Full name

*Margarito Atilano*

14.

MOTHER

Full maiden name

*Josephina Martin*

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.*

11. Age at last birthday *30* (Years)

16. Color or race

*Mex.*

17. Age at last birthday *25* (Years)

12. Birthplace (city or place)

(State or country)

*Jalisco*

*Mex.*

18. Birthplace (city or place)

(State or country)

*Jalisco*

*Mex.*

13. Occupation

Nature of industry

*Miner*

19. Occupation

Nature of industry

*Housewife*

20. Number of children of this mother *4*

(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living *3*

(b) Born alive but now dead *1*

(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 A.* 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 *Cyril M. Brown M.D.*

*Physician*

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Address *Miami, Arizona*

Filed *Jan 2 1929*

Registrar.

Registrar.

*916-1031-145*

WHILE PLAINLY WRITTEN UNLESS IT IS A FATHER'S SIGNATURE RETURN must be made for each, and the number of each in order of birth stated.

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.