

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 102  
Registered No. 502

PLACE OF BIRTH

County..... gila State.....  
District or Township..... J or Village..... C.E.D.  
City..... miami No. Vielanueva St. .... Ward .....

2. Full name of child..... David Villanueva  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male 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 Dec 3 1928  
Month Day Year

8. FATHER  
Full name Primitivo Villanueva  
9. Residence (Usual place of abode) terkey shoot  
If non-resident, give place and state.

14. MOTHER  
Full maiden name Pella Ramos  
15. Residence (Usual place of abode) terkey shoot  
If non-resident, give place and state.

10. Color or race mexican  
11. Age at last birthday 28 (Years)

16. Color or race mexican  
17. Age at last birthday 28 (Years)

12. Birthplace (city or place) San Francisco  
(State or country) mexico

18. Birthplace (city or place) Coahuila  
(State or country) Sinaloa Mexico

13. Occupation Rev. de chert  
Nature of industry meto. dist. Mex.

19. Occupation Domestic  
Nature of industry

20. Number of children of this mother..... 5  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living..... 5  
(b) Born alive but now dead..... 0  
(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 12 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..... Jurana Martinez  
Claypool Ferguson  
(Physician or midwife)

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

Registrar.....  
Filed Dec 10 1928  
E. C. Derry  
Registrar.

421-1203-792