

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

State File No. 126
 Registered No. 556

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 302 Warrior Canon St., _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gilberto Padilla 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. 10 - 1928
 Month Day Year

8. FATHER
 Full name Luitano Padilla

14. MOTHER
 Full maiden name Cristina Atilano

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 33 (Years)

16. Color or race Mex.
 17. Age at last birthday 29 (Years)

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

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

13. Occupation Smelter man
 Nature of industry Int. Smelting Co.

19. Occupation Housewife
 Nature of industry _____

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 4
 (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 4:15 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 Byril M. Brown, M.D.
Physician
(Physician or midwife).

Given name added from a supplemental report _____
 Address Miami, Arizona

Month, day, year _____
 Filed Jan 10 19 29 C. E. Jinn
 Registrar Registrar

771-1210-316