

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ¹⁸⁸ 530
Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 3312 Turkey Shoot St. _____ Ward _____

2. Full name of child Alicia Trujillo
(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

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth Dec. 29-1928
Month Day Year

Female

5. No., in order of birth _____

yes

8. FATHER

Full name Rafael Trujillo

9. Residence (Usual place of abode) Miami,

If non-resident, give place and state. Arizona

10. Color or race

Mex.

11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Guanajuato,

(State or country) Mex.

13. Occupation

Nature of industry

Miner

14. MOTHER

Full maiden name Antonia Perez

15. Residence (Usual place of abode) Miami,

If non-resident, give place and state. Arizona

16. Color or race

Mex.

17. Age at last birthday 27 (Years)

18. Birthplace (city or place) Chihuahua

(State or country) Mex.

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother 7

(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 4

(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 6:40 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 Cyril M. Brown M.D.

Physician

(Physician or midwife).

Given name added from a supplemental report _____

Address Miami, Arizona

Month, day, year _____

Filed Jan 29 19 28 H. E. Dinn

Registrar.

Registrar

136-1229-179