

SUPPLEMENT ATTACHED

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

State File No. 195
Registered No. 537

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 17 Wairy Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _____

3. Sex of Child

To be answered ONLY
in event of plural
births.

male

4. Twin, triplet or other _____

5. Legitimate? _____

yes

7. Date of birth

Dec. 31 - 1928
Month Day Year

8. FATHER

Full name Miguel M. Gallegos
Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
Color or race Mex.
11. Age at last birthday 37 (Years)
Birthplace (city or place) Pardos
(State or country) New Mexico

14. MOTHER

Full maiden name Magdalena G. Ivan
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 30 (Years)
18. Birthplace (city or place) Ascencion
(State or country) Chih, Mexico

3. Occupation

Nature of industry Miner

19. Occupation

Nature of industry Housewife

20. Number of children of this mother 9
(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living 6
(b) Born alive but now dead 3
(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 10 P. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M.D.
Physician

Given name added from _____ (Physician or midwife).
a supplemental report.

Month, day, year Miami, Arizona Address

Registrar _____

Filed Jan 2, 1929

472-1231-475