MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 171a

Registered No. 62

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 1123 Sullivan St. St., ... Ward

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

2. Full name of child Guillermo Manuel Terrill } 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 Jan. 23-1929 (Month Day Year)

FATHER

8. Full name Jose S. Terrill

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 35 (Years)

12. Birthplace (city or place) Sonora

(State or country) Mex.

13. Occupation

Nature of Industry Mining

MOTHER

14. Full maiden name Beatrice Rivera

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 31 (Years)

18. Birthplace (city or place) Sonora

(State or country) Mex.

19. Occupation

Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) 4 } (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

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 P. m. on the date above stated.

(Born alive or stillborn)

{ When there is no attending physician or midwife, the father, householder, etc., should make this return. A stillborn child is evidenced by the fact that it neither breathes nor shows other vital recognition of life after birth. }

Given name added from a supplemental report

Signature Cyril M. Crow M.D.

(Physician or midwife.)

Address Miami, Arizona

733-123-291 Month, day, year

Registrar.

Filed Mch 18 1931

Registrar.