

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. E.—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. 1231
 Registered No. 63

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 45 Line Oak Canyon Ward _____
If birth occurred in a hospital or institution, give its NAME instead of street and number

2. Full name of child Theodoro Villapondo { 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 Feb. 7 - 1929
Month Day Year

8. FATHER
 Full name Bacilio Villapondo
 9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

14. MOTHER
 Full maiden name Becente Garcia
 15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 30 (Years)

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

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

18. Birthplace (city or place) Jalisco, Mex.
(State or country)

13. Occupation Nature of Industry Miner

19. Occupation Nature of Industry Housewife

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 2 (b) Born alive but now dead 3 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 30
 I hereby certify that I attended the birth of this child, who was born alive at 1 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 Byron M. Brown M.D.
Physician (Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona
 Month, day, year _____ Filed Feb 18, 1929 R. E. Jones Registrar

356-207-271