ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 195

Registered No. 127

1. PLACE OF BIRTH

County Gila County State Arizona

District or Township ..... or Village Grover Common

City Miami Arizona No. ..... St., ... Ward

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

2. Full name of child Agapito Gutierez — If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Boy — To be answered ONLY in event of plural births.

4. Twin, triplet or other ..... 5. No., in order of birth One

6. Legitimate? yes

7. Date of birth March 24 1929 (Month Day Year)

8. FATHER

Full name Entanistas Gutierez

9. Residence (Usual place of abode)

If non-resident, give place and state. Glober Canyon

10. Color or race: Mexican

11. Age at last birthday 39 (Years)

12. Birthplace (city or place) Jalisco Mexico

(State or country) Tepatitlan

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Maria Gonzalez

15. Residence (Usual place of abode)

If non-resident, give place and state. Glober Canyon

16. Color or race: Mexican

17. Age at last birthday 37 (Years)

18. Birthplace (city or place) Tepatitlan

(State or country) Jalisco Mexico

19. Occupation

Nature of industry domestic

20. Number of children of this mother five (Taken as of time of birth of child herein certified and including this child). 5

(a) Born alive and now living 5 livin

(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 March 24 1929 at 3 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 Juana Martinez

(Physician or midwife).

Given name added from a supplemental report March 25 1929 (Month, day, year)

Address Claypool Arizona P.O. Box 509

Registrar.

Filed March 31, 1929

C. E. Irwin

Registrar.

179-324-479