

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

State File No. 131
 Registered No. 159

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 1149 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 Louis Calvilla { 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 _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Apr. 9 - 1929
Month Day Year

8. FATHER
 Full name Louis Calvilla

14. MOTHER
 Full maiden name Carmen Campos

9. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona

15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona

10. Color or race Mex.

11. Age at last birthday 25 (Years)

16. Color or race Mex.

17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Aguas Calientes
 (State or country) Mex.

18. Birthplace (city or place) Tepec
 (State or country) Mex.

13. Occupation
 Nature of Industry Miner

19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother 3
(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 1
 (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 10:30 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 Cyril M. Terow M.D.
Physician
(Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filled Apr 20, 1929 C. E. Doorn
 Registrar Registrar

331-409-332

WHILE MAINLY 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.