

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

State File No. 141
 Registered No. 163

1. PLACE OF BIRTH

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

Full name of child Lionel Felix If child is not yet named, make supplemental report, as directed.

2. Sex of child Male To be answered ONLY in event of plural births. 3. Twin, triplet or other _____ 4. Legitimate? Yes 5. No., in order of birth _____ 6. Date of birth April 11 1929
 Month Day Year

8. FATHER
 Full name Jose Felix
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state _____
 10. Color or race Mexican
 11. Age at last birthday 31 (Years)
 12. Birthplace (city or place) Mexico
 (State or country)
 13. Occupation
 Nature of industry Deceased

14. MOTHER
 Full maiden name Angelita Villar
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state _____
 16. Color or race Mexican
 17. Age at last birthday 25 (Years)
 18. Birthplace (city or place) Mexico
 (State or country)
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 7
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 7
 (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 _____ at _____ 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 James D. Brantley
Miami
 (Physician or midwife).

Given name added from a supplemental report _____ Address _____
 Month, day, year _____
 Filed Apr 20 29 19 _____
 Registrar L. E. Doon Registrar

367-411-153

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.