

THIS FORM IS TO BE FILLED IN THE ORDER OF BIRTH STATED.

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

State File No. 159  
Registered No. 172

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ of Village \_\_\_\_\_  
City Miami No. 1022 Sullivan St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bart Arturo Guisielmo { 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 April 18 1929  
Month Day Year

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

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

10. Color or race white  
11. Age at last birthday 56 (Years)

16. Color or race Mexican  
17. Age at last birthday 43 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Italy

13. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico

13. Occupation Proprietor, grocery  
Nature of Industry \_\_\_\_\_

19. Occupation Housewife  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother 9 } (a) Born alive and now living 8  
(Taken as of time of birth of child herein certified and including this child.) } (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 alive at 12:30 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 [Signature]  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed Apr 25 1929 Registrar [Signature]

176-418-189