

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. E. Use 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. 164
Registered No. 191

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 14 Depot Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Galindo Velasquez { 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 Apr. 18 - 1929
Month Day Year

8. FATHER
Full name Gregorio De La Cruz Velasquez
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona

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

10. Color or race Mex. 11. Age at last birthday 23 (Years)

16. Color or race Mex 17. Age at last birthday 20 (Years)

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

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

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 0
(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 born alive at 11:30 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 Lynel M. Brown M.D.
Physician (Physician or midwife).

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

Month, day, year _____ Filed May 10, 1929 C. E. Dorn Registrar

Registrar

Registrar

759-418-579