

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

State File No. 134
 Registered No. 213

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 1216 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 Jose Maria Gallego { 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. 0 6. Legitimate? yes 7. Date of birth May 4-1929
Month Day Year

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

14. MOTHER
 Full maiden name Dolores Coronada
 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 30 (Years)

16. Color or race Mex. 17. Age at last birthday 22 (Years)

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

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

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 3
 (b) Born alive but now dead 0
 (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 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 Evel M. Brown M.D.
Physician
(Physician or midwife.)

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

Month, day, year _____ Filled May 12, 29 E. C. Dorn
 Registrar Register

176-504-431

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 MAIN RECORD RESERVED FOR BINDING
 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.