

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—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.

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

184
State File No. 237
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 922 Pine Oak St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Virginia Poderiguez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ } 6. Legitimate? yes } 7. Date of birth May 21-1929
5. No., in order of birth _____ } Month Day Year

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

14. MOTHER
Full maiden name Aurora Jaramillo
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 24 (Years)

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

18. Birthplace (city or place) Morenci, Arizona
(State or country)

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 3 } (a) Born alive and now living 3
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (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 8:30 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 Beryl M. Brown, M.D.
Physician
(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year _____
Registrar _____
Address Miami, Arizona
Filed May 30, 1929 R. E. Dorn
Registrar

599-521-116