

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

State File No. 360  
 Registered No. 360

PLACE OF BIRTH

City Hilas State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_

Street Miami No. 727 Sullivan St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Paul Villaral (If child is not yet named, make supplemental report, as directed.)

Sex of Child Boy To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth July 29<sup>th</sup> 1924  
 5. No. in order of birth \_\_\_\_\_ Month Day Year

**FATHER**  
 name Pedro Villaral  
 Residence 727 Sullivan St  
 (Usual place of abode)  
 If non-resident, give place and state.

**MOTHER**  
 Full maiden name Maria Logano  
 15. Residence 727 Sullivan St.  
 (Usual place of abode)  
 If non-resident, give place and state.

Color or race Mexican 11. Age at last birthday 25 (Years)

16. Color or race Mexican 17. Age at last birthday 19 (Years)

Birthplace (city or place) San Nicolas  
 (State or country) Hidalgo Nuevo Leon

18. Birthplace (city or place) San Nicolas Hidalgo  
 (State or country): Nuevo Leon Mexico

Occupation Miner  
 Nature of Industry \_\_\_\_\_

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

Number of children of this mother \_\_\_\_\_ (a) Born alive and now living 2 21. Were precautions taken against ophthalmia neonatorum? Yes  
 20. Sex and time of time of birth of child herein and including this child. (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Alive at 1:30 p. m. on the date above stated.  
 (Born alive or stillborn.)

When there was no attending physician or midwife, then the father, householder, or other person should make this return. A stillborn is one that neither breathes nor shows other evidence of life after birth.  
 Signature Rosal Leontez  
 \_\_\_\_\_ (Physician or midwife).

Name added from \_\_\_\_\_  
 Supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Address 806 Sullivan St  
 Filed Aug 5 1924 Registrar De G. J. ...

953-129-136