

N. B.—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

State File No. 162
 Registered No. 376

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township Live Oak or Village _____
 City miami No. K-14 Live Oak Cyn. St. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Aurora Gutierrez (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>female</u>	To be answered ONLY In event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>Yes</u>	6. Date of birth <u>Aug 8 1924</u> Month Day Year
5. No., in order of birth _____				

8. **FATHER**
 Full name Vicente Gutierrez

9. Residence
 (Usual place of abode) miami, Arizona
 If non-resident, give place and state.

10. Color or race Mexican

11. Age at last birthday 35 (Years)

12. Birthplace (city or place) _____
 (State or country) Mexico

13. Occupation Barber
 Nature of industry _____

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)

14. **MOTHER**
 Full maiden name Rita Castellon

15. Residence
 (Usual place of abode) miami, Arizona
 If non-resident, give place and state.

16. Color or race Mexican

17. Age at last birthday 33 (Years)

18. Birthplace (city or place) _____
 (State or country) Mexico

19. Occupation Housewife
 Nature of industry _____

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 6:45 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 J. J. Franklin

 (Physician or midwife)

Given name added from _____
 a supplemental report. _____
 Month, day, year _____

Address Miami, Arizona

Filed Aug 11 1924 _____
 Registrar

179-808-935