

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

184 ✓
 State File No. _____
 Registered No. 385

1. PLACE OF BIRTH

County Pima State Arizona
 District or Township _____ or Village _____
 City Missini No. 808 Live Oak St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child <u>Boy</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Aug 13th 1929</u> Month Day Year
		5. No. in order of birth _____		

8. FATHER
 Full name Jose Davalos
 9. Residence 808 Live Oak st
(Usual place of abode)
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Ursula Deanda
 15. Residence 808 Live Oak st.
(Usual place of abode)
 If non-resident, give place and state.

10. Color or race Mexican
 11. Age at last birthday 28 (Years)

16. Color or race Mexican
 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) San Julian
(State or country) Jalisco Mexico

18. Birthplace (city or place) San Julian
(State or country) Jalisco Mexico

13. Occupation Miner
 Nature of industry _____

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother _____ <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>3</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
	(b) Born alive but now dead <u>1</u>	
	(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, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Rosa Cortez

(Physician or midwife).

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

Address 806 Pullman St

Filed Aug 20, 1929 L. E. Jara
 Registrar

442-813-445