

This form 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. 186
 Registered No. 388

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 1109 Sullivan St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Erlinda Contreras { 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
 5. No. in order of birth _____ 7. Date of birth Aug 14 1929
Month Day Year

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

14. MOTHER
 Full maiden name Angela Gutierrez
 15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mexican
 11. Age at last birthday 27 (Years)

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

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

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

13. Occupation miner
 Nature of industry Copper

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother 3
(Taken as of time of birth of child herein certified and including this child.)

21. Were precautions taken against ophthalmia neonatorum. yes
(a) Born alive and now living 3
 (b) Born alive but now dead 0
 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alone at 9:15 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 J. J. Miller

MD
(Physician or midwife).

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

Registrar. _____ Filed Aug 20, 1929 Registrar. C. E. Jones

532-814-179