

order of birth stated.

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

State File No. 391
Registered No. 391

191

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 406 Towles Ave St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child male 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 16 1929
Month Day Year

8. FATHER
Full name Leopoldo Gallegos

14. MOTHER
Full maiden name Eulalia Sandobal

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

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 25 (Years)

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

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

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

13. Occupation Miner
Nature of industry Copper

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 2 } (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0
(c) Stillborn _____ 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 2:20 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. H. Miller
_____ (Physician or midwife)

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

Month, day, year _____ Filed Aug 25 19 29 R. E. Jones Registrar.

972-816-523