

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. 1657a
Registered No. 468

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 1111 Sullivan St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Padilla (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 Sept. 21-1929
Month Day Year

8. FATHER
Full name Timoteo Padilla

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

10. Color or race Mex 11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Jalisco
(State or country) Mex

13. Occupation
Nature of industry Smelter man

14. MOTHER
Full maiden name Maria Gonzalez

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

16. Color or race Mex 17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Jalisco
(State or country) Mex

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 3 (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 1 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 30

I hereby certify that I attended the birth of this child, who was stillborn at 11 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 Cyril M. Brown, M.D.
Physician
(Physician or midwife).

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

Month, day, year _____ Filed Oct 12, 1929 W. E. Dorn
Registrar Registrar

171-921-479