

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

State File No. 540
Registered No. 167

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 25 Miami Ave. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ruben Gutierrez { 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 Nov. 21-1929
Month Day Year

8. FATHER
Full name Jose Gutierrez
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 39 (Years)
12. Birthplace (city or place) Jalisco Mex.
(State or country)
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Maria Barba
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 28 (Years)
18. Birthplace (city or place) Jalisco Mex.
(State or country)
19. Occupation
Nature of industry Housewife

20. Number of children of this mother 5
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 5
(b) Born alive but now dead 0
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 1.6

I hereby certify that I attended the birth of this child, who was born alive at 7:15 a.m. on the date above stated.
(Born alive or stillborn)

Signature Kyril M. Brown M.D.
Physician
(Physician or midwife)

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

Month, day, year _____
Filed Nov 30, 1929 Leita Jones
Registrar Registrar

979-1121-421