

order of birth stated.

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

State File No. 190  
Registered No. 240

**1. PLACE OF BIRTH**

County Gila State Ariz  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Islobe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Edward Montez, Jr. (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 \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Dec. 30, 1929  
Month Day Year

**8. FATHER**  
Full name Edward Montez

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

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

12. Birthplace (city or place) San Jose Ariz.  
(State or country)

13. Occupation Miner  
Nature of Industry

**14. MOTHER**  
Full maiden name Domitila Ruiz

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

16. Color or race Mex. 17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Safford Ariz.  
(State or country)

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.) } (a) Born alive and now living 1  
(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 born alive at 12:40 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 I. C. Harper  
Physician (Physician or midwife).

Given name added from \_\_\_\_\_ Address Islobe, Arizona

Month, day, year \_\_\_\_\_ Filed 1/7 1930 E. E. Wightman Registrar

549-1230-499