

No. of birth stated. ... of each in

### ARIZONA STATE BOARD OF HEALTH

#### BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH  
1. County of Pima  
District of Lower Miami  
Town of Miami  
or  
City of \_\_\_\_\_

State Index No. 176  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 20

No. 101 Crover Canyon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Antonia Rea (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 7. Date of birth January 19 1927  
Month Day Year

8. FATHER  
Full name Antonio Rea

14. MOTHER  
Full maiden name Agripina Rea

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

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If non-resident, give place and state.

10. Color or race Mexican  
11. Age at last birthday 26 (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 (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 0

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 5:30 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 J. J. Miller (Physician or midwife)  
Address Miami, Arizona

Given name added from a supplemental report. Filed Feb 5 1927 Local Registrar.  
Month, day, year  
Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

191-119-131