

## PLACE OF BIRTH

1. County of Pinal

District of \_\_\_\_\_

Town of \_\_\_\_\_

or \_\_\_\_\_

City of Miami Arizona

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 145County Registrar No. 292

Local Registrar No. \_\_\_\_\_

No. 35-Benewican St \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Miguel Estrada } If child is not yet named, make  
supplemental report, as directed.3. Sex of Child Boy To be answered ONLY } 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? Yes  
in event of plural } 5. No., in order of birth \_\_\_\_\_ 7. Date of birth July 5<sup>th</sup> 1927  
births. } Month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_8. FATHER Full name Gilberto Estrada 14. MOTHER Full maiden name Francisca Durazo9. Residence 35-Benewican 15. Residence 35-Benewican  
(Usual place of abode) (Usual place of abode)  
If nonresident, give place and state If nonresident, give place and state10. Color or race Mexican 16. Color or race Mexican  
11. Age at last birthday 31 (Years) 17. Age at last birthday 30 (Years)12. Birthplace (city or place) Zuatecas 18. Birthplace (city or place) Minas Pristas  
(State or country) Mexico (State or country) Mexico13. Occupation Barber 19. Occupation Housewife  
Nature of industry Nature of industry20. Number of children of this mother { (a) Born alive and now living 5 21. Were precautions taken against oph-  
(Taken as of time of birth of child herein } (b) Born alive but now dead \_\_\_\_\_ thalmsia neonatorum? No  
certified and including this child.) (c) Stillborn \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 8 P. M. on the date above stated.  
(Born alive or stillborn.)\*When there was no attending physician or } Signature Rosa Cortez (Physician or midwife)  
midwife, then the father, householder, etc. } should make this return. A stillborn child } Address 708 Sullivan  
is one that neither breathes nor shows other } residences of life after birth. }  
Given name added from }  
supplemental report }  
Month, day, year. } Filed July 11, 1927 }  
451-705-646 } Registrar. }  
Registrar. } Local Registrar. }  
County Registrar. }