ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 159
County Registrar No. 451
Local Registrar No.

PLACE OF BIRTH

1. County of Gila
District of Lower Miami
Town of Miami
or
City of ..... No. 40 Grover Cyn St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rafael Aguirre
{ 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 Oct 24 1927 (Month Day Year)

FATHER

8. Full name Ramon Aguirre
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
10. Color or race Mexican
11. Age at last birthday 26 (Years)
12. Birthplace (city or place) .....
(State or country) Mexico
13. Occupation Mucker
Nature of industry Copper Mine

MOTHER

14. Full maiden name Deideria Martinez
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
16. Color or race Mexican
17. Age at last birthday 20 (Years)
18. Birthplace (city or place) .....
(State or country) Mexico
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 3
(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 (Born alive ~~or stillborn~~.) at 6:30 a.m. on the date above stated

*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. H. Millard MD (Physician ~~or midwife~~).
Address Miami, Arizona

Given name added from a supplemental report ..... Month, day, year

Filed Oct 30, 1927 C. E. Dunn
Local Registrar.

..... Registrar

Filed ....., 19.....
County Registrar.

915-1024-449