

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

State File No. 5140
 Registered No. _____

1. PLACE OF BIRTH

County Pima State Arizona
 District or Township _____ or Village _____
 City Miami No. 11 West Park Ave St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Proculus Ulloa

(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 9 1927
 Month Day Year

8.

FATHER

Full name

Beltrino Ulloa

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 29 (Years)

12. Birthplace (city or place)

(State or country) Mexico

13. Occupation

Nature of industry

Miner
Copper

14.

MOTHER

Full maiden name

Justina Jones

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 27 (Years)

18. Birthplace (city or place)

(State or country)

El Paso
Texas

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother 3

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2

(b) Born alive but now dead 0

(c) Stillborn 1

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 2:30 a.m. on the date above stated
(Born alive or stillborn.)

Signature

J. J. Miller
MD

(Physician or midwife)

Address

Miami, Arizona

Filed

Dec 12 1927 L. E. Iron

Registrar

*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.

Given name added from a supplemental report.

Month, day, year

Registrar

711-1259-119

not amount of each in

not amount

order of birth stated.