

in order of birth stated.

PLACE OF BIRTH

1. County of Pima

ARIZONA STATE BOARD OF HEALTH

District of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 113

Town of _____

County Registrar No. _____

or Globe

Local Registrar No. 249

City of _____

No. _____ St. _____ Ward _____

2. Full name of child Maria Virginia Miranda (If birth occurred in a hospital or institution, give its NAME instead of street and number) 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. 5. No., in order of birth. 6. Legitimate? Yes 7. Date of birth Dec. 11, 1927 Month day year

8. FATHER Full name Jesus Miranda

14. MOTHER Full maiden name Maria Juana Mir

9. Residence (Usual place of abode) Globe, Ariz. If nonresident, give place and state

15. Residence (Usual place of abode) Globe, Ariz. If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 30 (Years)

16. Color or race Mexican

17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Mexico City Mex. (State or country)

18. Birthplace (city or place) Mexico (State or country)

13. Occupation miner Nature of Industry

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 2 (b) Born alive but now dead 1 (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 _____ (Born alive or stillborn.) at _____ 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 evidences of life after birth.

Signature T. C. Harper (Physician or midwife)

Address Globe, Arizona

Given name added from supplemental report _____

Filed 12-31 1927 Local Registrar.

Registrar.

Filed _____ 19____ County Registrar.

441-1211-462