

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

State File No. 535  
Registered No. 53

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. E-24 Davis Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Vicenta Jarra  
(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 January 6, 1930  
Month Day Year

8. FATHER  
Full name Antonio Jarra

14. MOTHER  
Full maiden name Teodora Sepuentes

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

15. 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)

16. Color or race Mexican  
17. Age at last birthday 22 (Years)

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

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

13. Occupation Miner, Copper  
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 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 7:30 a. m. on the date above stated.  
(Born alive or stillborn)

Signature J. J. Miller  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Address Miami, Arizona  
Month, day, year \_\_\_\_\_  
Registrar J. E. Jimm

532-185-322

order of birth stated.