

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

233
187
State File No. _____
Registered No. 60

I. PLACE OF BIRTH

County Gila State Arizona
 District or Township Lower Miami or Village _____
 City Miami No. 69 Grover Canon St., _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>January 19 1930</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
 Full name Renaldo Mireles

14. MOTHER
 Full maiden name Pantos Mireles

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

16. Color or race
Mexican

11. Age at last birthday 31 (Years)

17. Age at last birthday 25 (Years)

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

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

13. Occupation
 Nature of industry miner
Copper

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 4
 (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 2
 (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 3:15 A.M. on the date above stated.
 (Born alive or stillborn)

* 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. J. Grinnell

M.D.
 (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____

Filed Feb 1, 1930 J. E. Jones
 Registrar.

Registrar.

Registrar.

047-119-342

order of birth stated.