

1. RESORL. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 154
Registered No. 75

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township Live Oak or Village _____
 City miami No. K-18 Live Oak Canon St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Celia Murilla { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>female</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>Feb 2 1930</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Arado Murilla

14. MOTHER
Full maiden name Guadalupe Esparza

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.

16. Color or race
Mexican

11. Age at last birthday 35 (Years)

16. Color or race
Mexican

17. Age at last birthday 27 (Years)

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

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

13. Occupation miner
Nature of industry Copper

19. Occupation _____
Nature of industry Housewife

20. Number of children of this mother 8
(Taken as of time of birth of child herein certified and including this child).
 (a) Born alive and now living 7
 (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 alive at 8 9 m. on the date above stated.
(Born alive or stillborn)

Signature J. E. Miller
MD
(Physician or midwife)

Given name added from a supplemental report _____
 Address miami, Arizona
 Month, day, year _____
 Filed Feb 11 1930 C. E. Jones
 Registrar. Registrar.

341-202-751