

186

ARIZONA STATE BOARD OF HEALTH

State File No. 81

BUREAU OF VITAL STATISTICS

Registered No. 81

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township Live oak or Village _____
 City Miami No. K-17 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

Gloria Rubalcaba } If child is not yet named, make supplemental report, as directed.

3. Sex of Child } To be answered ONLY in event of plural births. } female
 4. Twin, triplet or other. } _____
 5. No., in order of birth. } _____
 6. Legitimate? } yes
 7. Date of birth } Feb 16 1920
 Month Day Year

8. FATHER
 Full name Juan Rubalcaba

14. MOTHER
 Full maiden name Rafaela Magdalena

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 30 (Years)

16. Color or race Mexican
 17. Age at last birthday 23 (Years)

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

18. Birthplace (city or place) Morenci Arizona
 (State or country)

13. Occupation Surface laborer
 Nature of Industry Copper mine

19. Occupation Housewife
 Nature of Industry _____

20. Number of children of this mother } 4
 (Taken as of time of birth of child herein } (a) Born alive and now living 4
 certified and including this child.) } (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 1:30 P m. on the date above stated.
 (Born alive or stillborn)

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

Given name added from a supplement report. _____ Address Miami Arizona
 Month, day, year _____
 Filed Feb 18 1920 Registrar L. E. Dorin

791-216-946

SECURED
 SEPARATE RETURN must be made for each, and the number of each in order of birth stated.
 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.