

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 141  
Registered No. 163

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 505-A Arphen St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Evangelina Teodora Jaurige  
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. yes }  
6. Legitimate? yes }  
7. Date of birth April 1, 1930  
Month Day Year

8. FATHER  
Full name Hilario Jaurige

14. MOTHER  
Full maiden name Angela Sanchez

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 24 (Years)

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

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mex. Co

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

13. Occupation Miner  
Nature of Industry Copper

19. Occupation Housewife  
Nature of Industry \_\_\_\_\_

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. 3 }  
(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 9 P m. on the date above stated.  
(Born alive or stillborn)

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

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address Miami, Arizona  
Filed April 19, 30 Registrar Le. E. Jones

515-401-129  
Registrar.