

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 136
Registered No. 219

1. PLACE OF BIRTH

County Pima State Arizona

District or Township Lower Miami or Village _____

City Miami No. 6 Van Winkle Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Felicita Duran } If child is not yet named, make supplemental report, as directed.

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate?	7. Date of birth	7. Date of birth
<u>female</u>			<u>yes</u>	<u>May 2</u>	<u>1930</u>
		5. No., in order of birth		Month	Day Year

8. FATHER
Full name Emilio Duran

14. MOTHER
Full maiden name Maria Ramirez

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

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

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) Wilcox
(State or country) Arizona

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

13. Occupation miner
Nature of Industry _____

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	<u>2</u>
(b) Born alive but now dead	<u>2</u>
(c) Stillborn	<u>0</u>

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 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. Miller
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____ Address Miami, Arizona
Filed May 17, 30 Registrar L. E. Jones

645-502-4199