

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

State File No. 199
 Registered No. 313

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 8 Porto Rico Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

2. Full name of child Miguel Jauriga

3. Sex of Child Male To be answered ONLY in event of plural births. }
 4. Twin, triplet or other _____ }
 5. No., in order of birth _____ }
 6. Legitimate? yes }
 7. Date of birth May 26 - 1930.
 Month Day Year

FATHER
 8. Full name Leonardo Jauriga
 9. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state. Arizona
 10. Color or race Mex.
 11. Age at last birthday 23 (Years)
 12. Birthplace (city or place) Salinas
 (State or country) Mex.
 13. Occupation
 Nature of Industry Miner

MOTHER
 14. Full maiden name Cruz Montenegro
 15. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state. Arizona
 16. Color or race Mex.
 17. Age at last birthday 20 (Years)
 18. Birthplace (city or place) Ourango
 (State or country) Mex.
 19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother: }
 (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 0
 (c) Stillborn 0
 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE '35

I hereby certify that I attended the birth of this child, who was born alive at 3:4 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.
 Given name added from a supplemental report _____
 Signature Loyril M. Brown M.D. (Physician or midwife.)
 Address Miami, Arizona
 Filed June 14, 1930 Registrar. E. E. J. J.

411-526-346