

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. 120
Registered No. 174

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Live Oak Canyon or Village _____
City Miami No. 1520 Sullivan St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria de los Angeles Jimenez } 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>Aug 3 1930</u> Month Day Year
		5. No., in order of birth.....		

8. FATHER
Full name Adolfo Jimenez

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

10. Color or race Mexican 11. Age at last birthday 29 (Years)

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

13. Occupation Miner
Nature of Industry Copper

14. MOTHER
Full maiden name Cruz Garcia

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

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

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

19. Occupation Housewife
Nature of Industry

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..... <u>4</u>	(b) Born alive but now dead..... <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
	(c) Stillborn..... <u>0</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 11:30 A m. on the date above stated.
(Born alive or stillborn)

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

Given name added from a supplement report _____ Address Miami, Arizona

Month, day, year _____ Filed Aug 14 30 19 30 Registrar H. C. [Signature]

419-803-371