

ARIZONA STATE BOARD OF HEALTH

State File No. 128
Registered No. 478

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 406 Forest Ave St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Francisca Coronado
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. } Twin, triplet or other _____ }
6. Legitimate? _____ 7. Date of birth Aug 6, 1930
5. No., in order of birth _____ } Month Day Year

8. FATHER
Full name Manuel Coronado

14. MOTHER
Full maiden name Paz de la Cruz

9. Residence (Usual place of abode) Mexico
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 33 (Years)

16. Color or race Mexican 17. Age at last birthday 26 (Years)

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

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

13. Occupation Miner
Nature of Industry _____

19. Occupation Housemaid
Nature of Industry _____

20. Number of children of this mother 7 } (a) Born alive and now living 4 }
(Taken as of time of birth of child herein } (b) Born alive but now dead 2 }
certified and including this child.) } (c) Stillborn 0 }
21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *30

I hereby certify that I attended the birth of this child, who was alive at 5:30 a.m. on the date above stated.
(Born alive or stillborn)

Signature J. J. Miller
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____

Registrar. _____ Filed Aug 17, 1930 Registrar. Car G. J. ...

636-806-749

each in order of birth stated.