

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 190
Registered No. 507

1. PLACE OF BIRTH

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

2. Full name of child Teresa Peña } 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..... } 5. No., in order of birth..... } 6. Legitimate? Yes } 7. Date of birth Aug 27 1930
Month Day Year

8. FATHER
Full name Julia Peña
9. Residence Bull Park
(Usual place of abode)
If non-resident, give place and state.

14. MOTHER
Full maiden name Jesus Campos
15. Residence Bull Park
(Usual place of abode)
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 35 (Years)

16. Color or race Mexican 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) San Juan de los Lagos Jalisco Mex
(State or country)

18. Birthplace (city or place) San Juan de los Lagos Jalisco Mex
(State or country)

13. Occupation miner
Nature of Industry

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother..... } (a) Born alive and now living... 5 } 21. Were precautions taken against ophthalmia neonatorum? Yes
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead..... } (c) Stillborn

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 7 P.M. on the date above stated.
(Born alive or stillborn)

Signature Rosa Cortez
(Physician or midwife.)

Given name added from a supplemental report. _____ Address 806 Encina St

Month, day, year _____ Filed Aug 30 1930 Registrar C. E. Jones

371-827-132