

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 151
Registered No. 537

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 108 Red Springs Canyon 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 la Luz Caro } 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. } 4. Twin, triplet or other. _____ } 6. Legitimate? yes } 7. Date Sept 15 1930
5. No., in order of birth. _____ } of birth Month Day Year

8. FATHER
Full name Pedro Caro
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 38 (Years)
12. Birthplace (city or place) Mexico
(State or country)
13. Occupation Miner
Nature of Industry Copper

14. MOTHER
Full maiden name Inez Lopez
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 32 (Years)
18. Birthplace (city or place) Mexico
(State or country)
19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 11 } (a) Born alive and now living 4
(Taken as of time of birth of child herein } (b) Born alive but now dead 7
certified and including this child.) } (c) Stillborn 0
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 2 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
MD
(Physician or midwife)

(Given name added from a supplemental report) _____ Address Miami, Arizona
Month, day, year Sept 20 30 Filed 6.6 Registrar.
Registrar. _____

426-919-935

LARGE IN ORDER OF BIRTH STATED