

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **111**

Registered No. **597**

1. PLACE OF BIRTH

County Gila State ARIZONA

District or Township Limer Miami or Village _____

City MIAMI, ARIZONA No. 25 Pacts Rio Canyon St. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Isabela Aguaya } 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 Nov 5 1930
Month Day Year

8. FATHER
Full name Epimenis Aguaya

14. MOTHER
Full maiden name Eusevia Ulloa

9. Residence (Usual place of abode) MIAMI, ARIZONA
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 35 (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 Copper

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother 5
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living. 4
(b) Born alive but now dead. 0
(c) Stillborn _____

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 6:15 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
(Physician or midwife.)

Given name added from a supplement report _____
Month, day, year _____
Address _____
MIAMI, ARIZONA
Registrar. J. E. Dwyer
Filed Nov 11 1930
Registrar.

911-1105-541