

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 230

1. PLACE OF BIRTH

County Isilas State Ariz.
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Celestina Miranda { 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 _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth 11-12-1930
Month Day Year

8. FATHER
Full name Juan J. Miranda
9. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.
10. Color or race Mex.
11. Age at last birthday 32 (Years)
12. Birthplace (city or place) Mexico City Mex
(State or country)
13. Occupation Laborer
Nature of industry

14. MOTHER
Full maiden name Maria Olivas
15. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.
16. Color or race Mex.
17. Age at last birthday 34 (Years)
18. Birthplace (city or place) Mexico Asew
(State or country)
19. Occupation Housewife
Nature of industry

20. Number of children of this mother 5 } (a) Born alive and now living 3
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 2
(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 born alive at 11 P. 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 T. C. Harple
Physician (Physician or Midwife)

Given name added from a supplemental report _____ Address Globe, Arizona
Month, day, year _____ Filed 12/4 1930 H. E. W. [Signature] Registrar

341-1112-462 Registrar