

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 141
Registered No. 612

1. PLACE OF BIRTH

County Gila State ARIZONA

District or Township _____ or Village _____

City MIAMI, ARIZONA No. 908 Smith St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Armando Acosta } If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	5. No. in order of birth.....	6. Legitimate? <u>yes</u>	7. Date of birth <u>Nov 15 1930</u> Month Day Year
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8. FATHER
Full name Armando Acosta

14. MOTHER
Full maiden name Adalina Lopez

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 20 (Years)

16. Color or race
Mexican

17. Age at last birthday 18 (Years)

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

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

13. Occupation Laborer, Concentrator
Nature of Industry Copper mine

19. Occupation _____
Nature of Industry Housewife

20. Number of children of this mother.....
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living.....1
(b) Born alive but now dead.....0
(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 3:05 P m. on the date above stated.
(Born alive 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 F. F. Miller
F. F. MILLER, M. D.
(Physician or midwife.)

Given name added from a supplement report _____ Address _____
Month, day, year _____
Registrar. W. E. Derry Filed Nov 20, 1930 Registrar. W. E. Derry

111-115-139