

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **152**
Registered No. **689**

1. PLACE OF BIRTH

County Gila State ARIZONA
District or Township _____ or Village _____
City MIAMI, ARIZONA No. 711 Church Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Angela Billestar } 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. _____ } yes
6. Legitimate? yes
7. Date of birth Nov 18 1930
Month Day Year

8. FATHER
Full name Rito Billestar

14. MOTHER
Full maiden name Angela Lopez

9. Residence (Usual place of abode) MIAMI, ARIZONA
If non-resident, give place and state.

15. Residence (Usual place of abode) _____
If non-resident, give place and state.

10. Color or race Mexican
11. Age at last birthday 28 (Years)

16. Color or race Mexican
17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Salomville
(State or country) Arizona

18. Birthplace (city or place) Deming
(State or country) New Mexico

13. Occupation miner
Nature of Industry Copper

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother. 4
(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. 0

21. Were precautions taken against ophthalmia neonatorum?
yes

I hereby certify that I attended the birth of this child, who was alive at 11:30 P m. on the date above stated.
(Born alive or stillborn)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *
Signature E. F. Miller
E. F. MILLER, M.D.
(Physician or midwife.)

*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.
Given name added from a supplemental report _____ Address _____
Month, day, year _____
Registrar. H. S. 30 Registrar. E. E. Drim

129-1118-139