

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 119

Registered No. 653

**1. PLACE OF BIRTH**

County Gila State ARIZONA  
 District or Township Lower Miami or Village \_\_\_\_\_  
 City MIAMI ARIZONA No. 63 Wilson St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

1. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <u>yes</u>	7. Date of birth	7. Date of birth <u>Dec 3 1930</u> Month Day Year
<u>male</u>		5. No., in order of birth.....			

**8. FATHER**  
Full name Reynaldo Mireles

**14. MOTHER**  
Full maiden name Santos Mireles

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

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

10. Color or race Mexican  
11. Age at last birthday 32 (Years)

16. Color or race Mexican  
17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Mex. Co  
(State or country)

18. Birthplace (city or place) Mex. Co  
(State or country)

13. Occupation Surface track laborer  
Nature of Industry Copper mine

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 2  
 (b) Born alive but now dead 2  
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?  
yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*30 P**

I hereby certify that I attended the birth of this child, who was alive at 7:30 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. Given name added from supplemental report.

Signature J. F. Miller  
E. F. MILLER, M.D.  
 (Physician or midwife.)

Address MIAMI ARIZONA  
 Month, day, year Dec 17, 30  
 Registrar. W. E. Miller

742-1203-242