

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 124  
Registered No. 656

1. PLACE OF BIRTH

County Gila State ARIZONA

District or Township Lower Miami or Village

City MIAMI ARIZONA No. 65 Wilson St. St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number) }  
If child is not yet named, make }  
supplemental report, as directed. }

2. Full name of child Barbara Pacheco

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

8. FATHER  
Full name Baudilio Pacheco

14. MOTHER  
Full maiden name Mariana Enriquez

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 27 (Years)

16. Color or race  
Mexican

17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Shafter  
(State or country) Texas

18. Birthplace (city or place) Salmonville  
(State or country) Oregon

13. Occupation miner  
Nature of Industry Copper

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother 1  
(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 9:00 P 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. F. Miller

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

Even name added from supplemental report. Address MIAMI ARIZONA

Month, day, year

Registrar. Filed Dec 12 30 Registrar.

276-1204-459