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

State File No. 134
Registered No. 261

1. PLACE OF BIRTH
County: Gila
State: ARIZONA
District or Township: Lower Main
or Village:
City: MIAMI
No. 24 Green Canyon St.
(If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward
2. Full name of child: Leonor Baeny
(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: Aug 16 1931 (Month / Day / Year)

8. FATHER
Full name: Domingo Baeny
9. Residence (Usual place of abode): MIAMI, ARIZONA
If non-resident, give place and state.
10. Color or race: Mexican
11. Age at last birthday: 24 (Years)
12. Birthplace (city or place):
(State or country): Mexico
13. Occupation: Miner
Nature of Industry:

14. MOTHER
Full maiden name: Refugio Uribe
15. Residence (Usual place of abode): MIAMI, ARIZONA
If non-resident, give place and state.
16. Color or race: Mexican
17. Age at last birthday: 23 (Years)
18. Birthplace (city or place):
(State or country): Mexico
19. Occupation: Housewife
Nature of Industry:

20. Number of children of this mother: 2
(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: 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 (Born alive or stillborn) at 11:25 P m. on the date above stated.

* 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)
Address: MIAMI, ARIZONA

Given name added from a supplemental report 329-816-945
Month, day, year
Registrar

Filed Sep 2, 1931 C. E. Dixon
Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING