

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

State File No. 105  
 Registered No. 189

**1. PLACE OF BIRTH**

County Esila State Ariz.  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Maria Teresa Miranda (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? \_\_\_\_\_ 7. Date of birth 10-15-31  
Month Day Year

**8. FATHER**  
 Full name Juan Miranda  
 9. Residence (Usual place of abode) Globe  
 If non-resident, give place and state. Ariz.  
 10. Color or race Mex.  
 11. Age at last birthday 33 (Years)  
 12. Birthplace (city or place) Mexico  
(State or country)  
 13. Occupation Laborer  
 Nature of Industry

**14. MOTHER**  
 Full maiden name Maria Olivas  
 15. Residence (Usual place of abode) Globe  
 If non-resident, give place and state. Ariz.  
 16. Color or race Mex  
 17. Age at last birthday 25 (Years)  
 18. Birthplace (city or place) Mexico  
(State or country)  
 19. Occupation Housewife  
 Nature of Industry

20. Number of children of this mother 6  
(Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 3  
 (b) Born alive but now dead 3  
 (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 born alive at 12:40 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.  
 Signature T. C. Harper  
Physician (Physician or midwife)

Given name added from a supplemental report. \_\_\_\_\_  
 Address Globe, Arizona  
 Filed 11/7 1931 by H. E. Wightman Registrar

...one for each, and the number of each is