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

State File No. 115
Registered No. 357

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: Lower Miami or Village:

City: Miami No. 13 Grover Canyon St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Gilbert Arciniega (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: male

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: Nov 16 1931 (Month Day Year)

FATHER

8. Full name: Rumaindo Arciniega

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: 35 (Years)

12. Birthplace (city or place)
(State or country): Mexico

13. Occupation: Laborer Smelter
Nature of Industry: Copper mining

MOTHER

14. Full maiden name: Delfina Dominguez

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: 34 (Years)

18. Birthplace (city or place): Yoleta
(State or country): Texas

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: 5
(b) Born alive but now dead: 1
(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 12:30 A.m. on the date above stated.

Signature: R. F. Miller
R. F. MILLER, M.D.
MD (Physician or midwife)

Address: Miami, Arizona

Filed Dec 2, 1931 Charles E. Brown Registrar

* 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 711-1116-149 Month, day, year

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.