WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 99

Registered No. 414

1. PLACE OF BIRTH

County: Gila State: ARIZONA

District or Township: or Village:

City: MIAMI, No. 710 Live Oak St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Guadalupe 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? yes

7. Date of birth: Dec 14 1931 (Month Day Year)

8. FATHER

Full name: José Miranda

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: 42 (Years)

12. Birthplace (city or place):

(State or country): Mexico

13. Occupation: Miner

Nature of industry: Copper

14. MOTHER

Full maiden name: Tomasa Cuevas

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: 24 (Years)

18. Birthplace (city or place):

(State or country): Mexico

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: 3

(b) Born alive but now dead: 2

(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: Month, day, year

741-1214-332 Registrar

Filed Jan 6, 1932 Charles E. Orme Registrar