ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 82

Registered No. 74

1. PLACE OF BIRTH

County Gila 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 Alma 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 8-17-33 (Month Day Year)

FATHER	MOTHER
8. Full name Jesus Miranda	14. Full maiden name Maria Olivas
9. Residence (Usual place of abode) Globe	15. Residence (Usual place of abode) Globe
If non-resident, give place and state. Ariz	If non-resident, give place and state. Ariz
10. Color or race Mexican	16. Color or race Mexican
11. Age at last birthday 34 (Years)	17. Age at last birthday 27 (Years)
12. Birthplace (city or place) Mexico City	18. Birthplace (city or place) Mexico
(State or country) Mex.	(State or country)
13. Occupation Assayer	19. Occupation Housewife
Nature of Industry	Nature of Industry

20. Number of children of this mother 7 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(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 1 at 4 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 ..... Month, day, year

Address Globe Ariz.

Filed 9/4 1933 L. E. Wyhtona M.D. Registrar

Registrar

141-817-462