

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

State File No. 162  
 Registered No. 119

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township Lower Miami or Village \_\_\_\_\_  
 City Miami No. 3 Paria Rio Canyon St. \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Basilia Aguerre { 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 June 14, 1925  
Month Day Year

8. FATHER  
 Full name Ramon Aguerre

14. MOTHER  
 Full maiden name Acideria Martinez

9. Residence (Usual place of abode) Miami Arizona  
 If non-resident, give place and state.

15. 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)

16. Color or race Mexican 17. Age at last birthday 17 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico

13. Occupation miner  
 Nature of industry Copper mine

19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 1  
 (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 at 1.00 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 J. J. Miller  
MD  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_  
 Filled June 22, 1925 C. E. Irwin  
Registrar

MARGIN RESERVED FOR BINDING  
 WRITE ONLY 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.

215-614-249