

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 155
Registered No. 200

1. PLACE OF BIRTH,

County Eslea State Arizona
District or Township _____ or Village _____
City Miami No. 43 E North Canyon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ara Eredina Peralta { 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 Aug-10-1925
Month Day Year

8. FATHER
Full name Francisco Peralta

14. MOTHER
Full maiden name Sofia Martinez

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

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

10. Color or race Mexican

11. Age at last birthday 23 (Years)

16. Color or race Mexican

17. Age at last birthday 17 (Years)

12. Birthplace (city or place) Tucson Ariz
(State or country)

18. Birthplace (city or place) Wilcox Ariz
(State or country)

13. Occupation miner
Nature of industry

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 _____
(b) Born alive but now dead None
(c) Stillborn None

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 _____ at 1:30 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 R. J. J. [Signature]
Miami Ariz
(Physician or midwife)

Given name added from a supplemental report _____ Address _____
Month, day, year

Filed Aug 11, 1925 C. E. [Signature]
Registrar Registrar

471-810-249

WRITE MAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD. If 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.