

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

State File No. 169 ✓  
 Registered No. 210

**1. PLACE OF BIRTH**

County Isela State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 4002 Rose Road Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Barraga  
(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-15-1925  
 Month Day Year

**8. FATHER**  
 Full name Bernardus Barraga  
 9. Residence (Usual place of abode) Miami Ariz  
 If non-resident, give place and state.  
 10. Color or race Mexican  
 11. Age at last birthday 31 (Years)  
 12. Birthplace (city or place) Mexico  
 (State or country)  
 13. Occupation miner  
 Nature of industry \_\_\_\_\_

**14. MOTHER**  
 Full maiden name Rosenda Ortiz  
 15. Residence (Usual place of abode) Miami Ariz  
 If non-resident, give place and state.  
 16. Color or race Mexican  
 17. Age at last birthday 25 (Years)  
 18. Birthplace (city or place) Jerome Ariz  
 (State or country)  
 19. Occupation \_\_\_\_\_  
 Nature of industry Housewife

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 \_\_\_\_\_  
 (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 7:30 p.m. on the date above stated  
(Born alive ~~unnamed~~.)

\* 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 C. E. Davis  
Miami, Ariz  
 (Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Filed Aug 18, 1925 C. E. Davis  
 Registrar Registrar

421-815-969

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.