

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

State File No. 168  
Registered No. 310

1. PLACE OF BIRTH  
County Gila State Arizona  
District or Township Lower Miami or Village \_\_\_\_\_  
City Miami No. 11 Parts Rio Canyon St. Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alberto Ulloa  
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Oct 15 1925</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER  
Full name Pablo Ulloa

14. MOTHER  
Full maiden name Julia Sato

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 22 (Years)

16. Color or race  
Mexican

17. Age at last birthday 18 (Years)

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

18. Birthplace (city or place) Mexican  
(State or country)

13. Occupation miner  
Nature of Industry Copper

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

20. Number of children of this mother 2  
(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 1  
(c) Stillborn \_\_\_\_\_

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 8:45 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. Fowler  
M.D.  
(Physician or midwife)

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

Filed Nov 5 1925 Registrar C. E. Dorn

Registrar

141-1015-126

WRITE PLAINLY WITH UNFADING INK. WITH UNFADING INK. IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMERICAL ORDER OF BIRTH STATED.