

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 184
Registered No. 309

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Lower Miami or Village _____
City Miami No. 22 Grover Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child <u>female</u>	<small>To be answered ONLY in event of plural births.</small>	4. Twin, triplet or other _____	5. No., in order of birth _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Oct 20 1925</u> <small>Month Day Year</small>
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8. FATHER
Full name Miguel Acana

14. MOTHER
Full maiden name Librada Salinas

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

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11. Age at last birthday 22 (Years)

17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Congress
(State or country) Arizona

18. Birthplace (city or place) Silver City
(State or country) New Mexico

13. Occupation Miner
Nature of industry Copper

19. Occupation _____
Nature of industry Housewife

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 <u>2</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
(b) Born alive but now dead <u>0</u>	
(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:15 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 J. J. Miller
M.D.
(Physician or midwife)

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

Address Miami, Arizona

Filed Nov 5 1925 C. E. Davis
Registrar

111-1020-322

WITH UNFADING INK—THIS IS A PERMANENT RECORD
At birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth entered.