

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

State File No. 133  
446  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

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

**2. Full name of child**

Maria Carral (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 \_\_\_\_\_ 6. Legitimate? yes  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth Jan 5 1926  
Month Day Year

**8. FATHER**  
Full name José Carral

**14. MOTHER**  
Full maiden name Tebercia Ruiz

**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** 30 (Years)

**16. Color or race** Mexican  
**17. Age at last birthday** 27 (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

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

**20. Number of children of this mother** 6  
(Taken as of time of birth of child herein certified and including this child.) } (a) Born alive and now living 5  
(b) Born alive but now dead 1  
(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 4:10 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. Truller  
MD (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_ Filled Jan 12 26 P.O. Mia  
Registrar \_\_\_\_\_ Registrar \_\_\_\_\_

433 - 105 - 399

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.