

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

State File No. 126
Registered No. 47

1. PLACE OF BIRTH
County Gila State Arizona
District or Township Miami or Village _____
City No. 3405 Loones Ave St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

2. Full name of child Miguel Beltran
3. Sex of Child male 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 11-2-1928
Month Day Year

8. FATHER
Full name Ines Beltran
9. Residence (Usual place of abode) Miami
If non-resident, give place and state.
10. Color or race Mexican
11. Age at last birthday 24 (Years)
12. Birthplace (city or place) Sta Eulalia Chihuahua, Mex
(State or country)
13. Occupation miner
Nature of industry

14. MOTHER
Full maiden name Maria Jaques
15. Residence (Usual place of abode) Miami
If non-resident, give place and state.
16. Color or race White
17. Age at last birthday 20 (Years)
18. Birthplace (city or place) Chihuahua Chihuahua-Mex
(State or country)
19. Occupation house wife
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 2
(b) Born alive but now dead 0
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? as usual

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Born alive at 5:15 a.m. on the date above stated
(Born alive or stillborn.)
Signature J. Jimenez Aldana M.D.
Box 1666 Miami, Ariz.
(Physician or midwife)

* 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.
Given name added from a supplemental report _____
Month, day, year _____
Address _____
Filed Feb 15 28 19 28 Registrar L. E. Iron

425-202-412

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.