

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

State File No. 137
54

Registered No. _____

1. PLACE OF BIRTH

County Gila

State Arizona

District or Township _____

or Village _____

City Miami

No. 1501 Pine

St. _____

Ward _____

2. Full name of child Armando Vargas

(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.

3. Sex of Child

To be answered ONLY
in event of plural
births.

male

4. Twin, triplet or other _____

6. Legitimate? _____

7. Date

of birth

Feb 6 1928
Month Day Year

5. No., in order of birth 4

8. FATHER

FATHER

Full name Jesus Vargas

14. MOTHER

MOTHER

Full maiden name Belem Rodriguez

9. Residence

(Usual place of abode)

Miami, Ariz

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 38

(Years)

16. Color or race

Mexican

17. Age at last birthday 21

(Years)

12. Birthplace (city or place)

(State or country)

Mexico

18. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

miner
Copper

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother 3

(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 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

(Born alive or stillborn)

at 8 A

m. on the date above stated.

* 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, Ariz

Registrar _____

Filed _____

Feb 15 1928

19 _____

L. C. Jones

Registrar.

152-206-299

N. B.—In case of multiple births, this form must be made for each, and order of birth stated.