

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 136

Registered No. _____

1. PLACE OF BIRTH

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

2. Full name of child Francisco Miranda (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male 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 May 12 1929
Month Day Year

8. FATHER
Full name Angel Miranda

14. MOTHER
Full maiden name Rita Santos

9. Residence (Usual place of abode) Christmas
If non-resident, give place and state.

15. Residence (Usual place of abode) Christma
If non-resident, give place and state.

10. Color or race Mex
11. Age at last birthday 23 (Years)

16. Color or race Mex
17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Feliciano Ariz
(State or country)

18. Birthplace (city or state) Tucson
(State or country) Ariz

13. Occupation Mucker Copper Mine
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 1 } (a) Born alive and now living 1
(Taken as of time of birth of child herein } (b) Born alive but now dead _____
certified and including this child.) } (c) Stillborn _____

21. Were precautions taken against oph-
thalmia neonatorum. Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 12:30 A. 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 Charles H. Smith M.D.

Given name added from _____ Address Hayden (Physician ~~midwife~~)
a supplemental report _____ Month, day, year _____

Filed June 7 1928 Registrar O. J. Hutton
Registrar _____ Registrar _____

646-512-922