

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

see 246a

State File No. 185
Registered No. 230

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 139 Nash Ave St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Irene Ulloa
(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 _____ }
5. No., in order of birth _____ }
6. Legitimate? yes }
7. Date of birth May 29-1928
Month Day Year

8. FATHER
Full name Eleser Ulloa

14. MOTHER
Full maiden name Teresa Rodriguez

9. Residence (Usual place of abode) Died two months ago.
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 Mex.

16. Color or race Mex.

11. Age at last birthday 41 (Years)

17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Jalisco, Mex.
(State or country)

18. Birthplace (city or place) Chihuahua, Mex.
(State or country)

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother _____ }
(Taken as of time of birth of child herein certified and including this child). }
(a) Born alive and now living 6
(b) Born alive but now dead 3
(c) Stillborn _____ }
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 born alive at 4 A. m. on the date above stated.
(Born alive or stillborn)

Signature Loyil M. Brown
Physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed June 5, 1928 Registrar J. E. Jones

941-527-399