

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ¹⁸⁶

Registered No. ²⁷⁶

1. PLACE OF BIRTH

County Mila State Arizona

District or Township _____ or Village _____

City Miami No. 824 Pine Oak St St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Celentina Acosta (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 May 29-1928
 Month Day Year

8. FATHER Full name Manuel Acosta

14. MOTHER Full maiden name Juanita Flores Ochoa

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

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 If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 22 (Years)

16. Color or race Mex. 17. Age at last birthday 18 (Years)

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

18. Birthplace (city or place) Torreon, 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 1
 (b) Born alive but now dead _____
 (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 stillborn at 3:30 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 Byril M. Brown M.D.

Given name added from a supplemental report _____ Address Miami, Arizona (Physician or midwife)

Month, day, year _____ Filed July 7 1928 P. E. Dinn Registrar.

311-529-161