

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

State File No. 152  
 Registered No. 312

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 4134 Smelter St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child José Casillas } 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 \_\_\_\_\_ }  
 5. No., in order of birth \_\_\_\_\_ }  
 6. Legitimate? yes }  
 7. Date of birth July 18 1928  
 Month Day Year

8. FATHER  
 Full name Manuel Casillas

14. MOTHER  
 Full maiden name Juquiana Becera

9. Residence (Usual place of abode) Miami, Arizona  
 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 27 (Years)

16. Color or race Mexican  
 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Mexico

18. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Mexico

13. Occupation Miner  
 Nature of industry Copper

19. Occupation Housewife  
 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. yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 4:45 P 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 J. J. Miller  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Physician or midwife)

Given name added from \_\_\_\_\_ Address Miami, Arizona  
 a supplemental report \_\_\_\_\_ Month, day, year \_\_\_\_\_

Filed July 19, 1928  
 Registrar. \_\_\_\_\_ Registrar. Le. S. Durin

132-718-921

THIS MUST BE FILED IN EACH DISTRICT OFFICE