

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

State File No. 176
327
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. Rm 712 Live Oak 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

To be answered ONLY
 in event of plural
 births.

male

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date

of birth July 24 1928
 Month Day Year

8.

FATHER

Full name

José Miranda

14.

MOTHER

Full maiden name

Tomasa Cuevas

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 39 (Years)

16. Color or race

Mexican

17. Age at last birthday 22 (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

(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living 3

(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 7:45 P m. on the date above stated.
 (Born alive or stillborn)

Signature

J. J. Miller

(Physician or midwife)

Address

Miami, Arizona

Filed

July 26, 1928

L. E. Don

Registrar

Registrar

641-724-132

No. of children of mother to be made for each. -- See number on order of birth stated.