

ATTACHMENT ATTACHED

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

State File No. 182
Registered No. 337

number of ea...
MUST BE MADE FOR EACH...
order of birth stated.

1. PLACE OF BIRTH
County Gila State Arizona
District or Township Lower Miami or Village
City Miami No. 1415 Grover Canyon St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Pantaleoni Arciniega { 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 } 7. Date of birth July 27, 1928
5. No., in order of birth... } Month Day Year

8. FATHER
Full name Eusebio Arciniega

14. MOTHER
Full maiden name Delina Dominguez

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 33 (Years)

16. Color or race Mexican
17. Age at last birthday 31 (Years)

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

18. Birthplace (city or place) El Paso Texas
(State or country)

13. Occupation Labourer
Nature of industry Copper Smelter

19. Occupation Housewife
Nature of industry

20. Number of children of this mother... } (a) Born alive and now living... }
(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 ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:10 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
M.D.
(Physician or midwife)

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

Month, day, year... Filed Aug 1, 1928 Registrar C. E. Orrin

111-727-449