

CORD
and the number of each in

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

State File No. 108
Registered No. 349

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 601 Gibson St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Transfiguraciona Cota { 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 August 6 1928
Month Day Year

8. FATHER
Full name Santos Cota

14. MOTHER
Full maiden name Petra Encinas

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 Mexican
11. Age at last birthday 25 (Years)

16. Color or race Mexican
17. Age at last birthday 21 (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 (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 3:30 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 13 1928 H. E. Dwyer Registrar.

331-806-752