

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 191 1196

Registered No. _____

I. PLACE OF BIRTH

County Gila State Arizona
 District or Township Inspiration or Village _____
 City Miami No. 1136 Adobe Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Felicitas Raya (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Nov 23 1928</u> Month Day Year
		5. No., in order of birth _____		

<p>8. FATHER Full name <u>Jenna Raya</u></p> <p>9. Residence (Usual place of abode) <u>Miami, Arizona</u> <small>If non-resident, give place and state.</small></p> <p>10. Color or race <u>Mexican</u></p> <p>11. Age at last birthday <u>39</u> (Years)</p> <p>12. Birthplace (city or place) _____ (State or country) <u>Mexico</u></p> <p>13. Occupation <u>Laborer, Leeching plant</u> Nature of industry <u>Copper mine</u></p>	<p>14. MOTHER Full maiden name <u>Josefa Borecki</u></p> <p>15. Residence (Usual place of abode) <u>Miami, Arizona</u> <small>If non-resident, give place and state.</small></p> <p>16. Color or race _____</p> <p>17. Age at last birthday <u>35</u> (Years)</p> <p>18. Birthplace (city or place) _____ (State or country) <u>Mexico</u></p> <p>19. Occupation <u>Housewife</u> Nature of industry _____</p>
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20. Number of children of this mother <u>6</u> <small>(Taken as of time of birth of child herein certified and including this child).</small>	21. Were precautions taken against ophthalmia neonatorum. <u>yes</u>
(a) Born alive and now living <u>4</u>	(b) Born alive but now dead <u>2</u>
(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 11 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 F. J. Miller
(Physician or midwife)

Given name added from a supplemental report _____
 Address Miami, Arizona
 Month, day, year Dec 3 28
 Filed _____, 19 _____ Registrar.

Registrar. .

691-1123-129