

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 133
Registered No. 44

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. E-69 Louis Cyn St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Guadalupe Durazo (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. _____ 6. Legitimate? yes } 7. Date of birth Dec 12 1928
5. No., in order of birth _____ Month Day Year

8. FATHER Full name Alberto Durazo

14. MOTHER Full maiden name Cruz Ramirez

9. Residence (Usual place of abode) If non-resident, give place and state.

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10. Color or race Mexican 11. Age at last birthday 25 (Years)

16. Color or race Mexican 17. Age at last birthday 19 (Years)

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

18. Birthplace (city or place) (State or country) Globe Arizona

13. Occupation Miner Nature of industry Copper

19. Occupation Housewife Nature of industry _____

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 1
(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 10:40 P m. on the date above stated. (Born alive or stillborn)

Signature J. J. Miller (Physician or midwife)

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

Month, day, year _____ Filed Jan 7, 29 Registrar Edo J. ...

746-1012-399