

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

State File No. 133
 Registered No. 545

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. E-69 Davis 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
 5. No., in order of birth _____ 7. Date of birth Dec 12 1918
 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.

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

10. Color or race Mexican 11. Age at last birthday 26 (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 } (a) Born alive and now living 1
 (Taken as of time of birth of child herein } (b) Born alive but now dead 0
 certified and including this child). } (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)

* 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

 (Physician or midwife).

Given name added from _____ Address Miami, Arizona
 a supplemental report. _____
 Month, day, year _____
 Registrar. _____
 Filed Jan 7, 1929 _____
 Registrar.

746-1212-399