

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

State File No. 139

Registered No. 9

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ of Village _____
 City Miami No. 808 Live Oak St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child <u>Girl</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>Jan 11 1929</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
 Full name Luz Hurtado

14. MOTHER
 Full maiden name Esmeralda Danda

9. Residence 808 Live Oak St
 (Usual place of abode)
 If non-resident, give place and state.

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

10. Color or race
Mexican

16. Color or race
Mexican

11. Age at last birthday 32 (Years)

17. Age at last birthday 23 (Years)

12. Birthplace (city or place) San Julian
 (State or country) Julisco Mexico

18. Birthplace (city or place) San Julian
 (State or country) Julisco Mexico

13. Occupation
 Nature of Industry Miner

19. Occupation
 Nature of Industry Housewife

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 3
 (b) Born alive but now dead 1
 (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 11 a. m. on the date above stated.
 (Born alive or stillborn)

Signature Rosal Cortez
 (Physician or midwife)

Given name added from a supplemental report _____
 Address 806 Sullivan St
 Month, day, year Jan 15 1929
 Registrar L. E. Don

order of birth stated.