

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

State File No. 151
Registered No. 11

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 12 Steven's Terrace St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child male 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 Jan 16 1929
Month Day Year

8. FATHER
Full name Luciano Mora

14. MOTHER
Full maiden name Julia Ulloa

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

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

10. Color or race Mexican
11. Age at last birthday 30 (Years)

15. Color or race Mexican
17. Age at last birthday 28 (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 5
(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 2
(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 29 m. on the date above stated.
(Born alive or stillborn)

Signature J. H. Miller
MD
(Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year 441-116-141 Filed Jan 20 29 C. E. Jones
Registrar. Registrar.

order of birth stated.