

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

State File No. 138  
Registered No. 216

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ of Village \_\_\_\_\_  
City Miami No. 826 Pine Oak St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ramona Aceves { 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 _____	5. No., in order of birth _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>May 5 - 1929</u> Month Day Year
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8. FATHER  
Full name Jesus Aceves  
9. Residence (Usual place of abode) Miami, Arizona.  
If non-resident, give place and state.  
10. Color or race Mex.  
11. Age at last birthday 29 (Years)  
12. Birthplace (city or place) Jalisco, Mex.  
(State or country)  
13. Occupation  
Nature of industry Miner

14. MOTHER  
Full maiden name Refugia Luna  
15. Residence (Usual place of abode) Miami, Arizona.  
If non-resident, give place and state.  
16. Color or race Mex.  
17. Age at last birthday 24 (Years)  
18. Birthplace (city or place) Jalisco, Mex.  
(State or country)  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother. <u>2</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was born alive at 2:30 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 Byril M. Brown M.D.  
Physician  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address Miami, Arizona  
Filed May 15, 1929 D. E. Dinn  
Registrar Registrar

912-505-931

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
If more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

In case of twins, etc., give name for each, and the number of each in order of birth.