

205

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

State File No. 244  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township Lower Miami or Village \_\_\_\_\_  
City Miami No. 25 Park Des Canyon St. Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Angela Ulloa (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 \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth May 30 1929  
Month Day Year

8. FATHER  
Full name Delphis Ulloa

14. MOTHER  
Full maiden name Joaquina Yanez

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

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

10. Color or race Mexican 11. Age at last birthday 31 (Years)

16. Color or race Mexican 17. Age at last birthday 29 (Years)

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

18. Birthplace (city or place) El Paso  
(State or country) Texas

13. Occupation Miner  
Nature of industry Copper

19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother 4  
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2  
(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 11:25 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 a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address Miami, Arizon  
Filed June 5 1929 C. E. Quinn  
Registrar

141-530-187

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