

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

State File No. 175
Registered No. 294

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 3007 Loomis St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Paula Altigracia Vasquez

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

Month

Day

Year

female

5. No., in order of birth

yes

June 29 1929

8.

FATHER

Full name

Tiofilo Vasquez

9. Residence

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday 23 (Years)

12. Birthplace (city or place)

(State or country)

Silverbell,
Arizona

13. Occupation

Nature of industry

Grocery Clerk

14.

MOTHER

Full maiden name

Maria Torres

15. Residence

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

16. Color or race

Mexican

17. Age at last birthday 15 (Years)

18. Birthplace (city or place)

(State or country)

Morencia
Arizona

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

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:50 p. m. on the date above stated.
(Born alive or stillborn)

Signature

J. J. Miller

(Physician or midwife)

* 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.

Given name added from a supplemental report

Month, day, year

Address

Filed

19

Registrar

Registrar

Miami, Arizona
July 3, 29
C. E. Drury

759-629-432

For one child at a birth, a SEPARATE RETURN must be made for each, and the name in order of birth stated.