

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

State File No. 351  
 Registered No. 354

**1. PLACE OF BIRTH**

County Pima State Arizona  
 District or Township Live Oak or Village \_\_\_\_\_  
 City Miami No. 19 Live Oak Cyn St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

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

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

**8. FATHER**  
 Full name Salvador Munoz

**14. MOTHER**  
 Full maiden name Juana Rodriguez

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)

16. Color or race Mexican  
 17. Age at last birthday 24 (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 \_\_\_\_\_

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

20. Number of children of this mother	(a) Born alive and now living <u>4</u>	21. Were precautions taken against ophthalmia neonatorum?
(Taken as of time of birth of child herein certified and including this child.)	(b) Born alive but now dead <u>1</u>	<u>Yes</u>
	(c) Stillborn <u>0</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 1:30 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 J. J. Miller  
M.D.  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Address Miami, Arizona  
 Filed July 20 1929 O. G. Jones  
 Registrar