

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

State File No. 150
332
Registered No. _____

1. PLACE OF BIRTH

County Yila State Arizona
District or Township _____ or Village _____
City Miami No. 34 Mexican Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eugenio Aguirre { 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 7. Date of birth July 15 1929
Month Day Year

8. FATHER
Full name Tomas Aguirre
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 30 (Years)

12. Birthplace (city or place) _____ (State or country) Mexico

13. Occupation miner
Nature of industry Copper

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)

14. MOTHER
Full maiden name Maria Cruz
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 19 (Years)

18. Birthplace (city or place) _____ (State or country) Mexico

19. Occupation _____
Nature of industry Housewife

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 5:20 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 supplemental report _____ Address Miami, Arizona
Month, Day, Year _____
Filed July 25, 1929 Registrar L. C. Jones