

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

State File No. 349
Registered No. 349

PLACE OF BIRTH

City Gila State Arizona

County or Township Miami or Village _____

No. 3360 Cocoran St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Juanita Alarcon { If child is not yet named, make supplemental report, as directed.

Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? Yes 7. Date of birth July 28 1929
Month Day Year

FATHER name Ramon Alarcon 14. MOTHER Full maiden name Juliana Lopez

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

Color or race Mexican 11. Age at last birthday 35 (Years) 16. Color or race Mexican 17. Age at last birthday 29 (Years)

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

Occupation Miner 19. Occupation Housewife
Nature of Industry Copper Nature of Industry _____

Number of children of this mother 10 (a) Born alive and now living 3 21. Were precautions taken against ophthalmia neonatorum? Yes
(b) Born alive but now dead 7
(c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was alive at 10 m. on the date above stated.
(Born alive or stillborn)

Signature J. H. Miller
(Physician or midwife)

When there was no attending physician or midwife, then the father, householder, should make this return. A stillborn is one that neither breathes nor shows other evidence of life after birth.

Address Miami, Arizona
Month, day, year _____
Filed Aug 5 1929 Registrar W. E. J. J. J.

Registrar _____
119-728-139