

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

State File No. 159  
Registered No. 374

**1. PLACE OF BIRTH**

County Arizona Pima State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 302 1/2 Live Oak St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Elena Ochoa

(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 \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth August 7 1929  
Month Day Year

5. No., in order of birth \_\_\_\_\_

8. FATHER  
Full name Nicolas Ochoa

14. MOTHER  
Full maiden name Juana Flores

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

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If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 24 (Years)

16. Color or race Mexican 17. Age at last birthday 19 (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 Copper

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

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 6 (c) Stillborn \_\_\_\_\_ 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 5:40 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  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_ Filed Aug 15, 1929 Registrar R. C. Jones

561-807-169

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number, etc., of order of birth stated.