

This certificate must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 380

Registered No. 380

1929

1. PLACE OF BIRTH

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

2. Full name of child Ruben Barraga (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
5. No., in order of birth _____ 7. Date of birth Aug 11, 1929
Month Day Year

8. FATHER
Full name Francisco Barraga
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

14. MOTHER
Full maiden name Concha Herrera
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 27 (Years)

16. Color or race Mexican
17. Age at last birthday 21 (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 (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 0
(c) Stillborn 0

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 2 A m. on the date above stated.
(Born alive or stillborn)

Signature J. J. Franklin
(Physician or midwife)

Given name added from _____ Address Miami Arizona
Month, day, year _____

Registrar. _____ Filed Aug 20, 1929 Registrar. C. E. Tom

921-811-381