

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

State File No. 159  
 Registered No. 195

1. PLACE OF BIRTH  
 County Gila State Ariz.  
 District or Township Globe or Village \_\_\_\_\_  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Miranda (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 \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Oct. 24, 1939  
 Month Day Year

8. FATHER  
 Full name Jesus Miranda

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

10. Color or race Mex. 11. Age at last birthday 32 (Years)

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

13. Occupation Insurance Work  
 Nature of industry

14. MOTHER  
 Full maiden name Maria Olivas

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

16. Color or race Mex 17. Age at last birthday 24 (Years)

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

19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 3  
 (b) Born alive but now dead 1  
 (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 born alive at 2:20 P. on the date above stated.  
 (Born alive or stillborn.)

Signature T. E. Harper  
 \_\_\_\_\_  
 (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
 Address Globe, Arizona

Month, day, year \_\_\_\_\_  
 Filed Nov 9, 1939 Registrar G. E. [Signature]

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