

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

State File No. 120  
Registered No. 511

**i. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 711-B Church Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Carlos Ballisteros  
(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 Nov 2 1929  
Month Day Year

8. FATHER  
Full name Alipio Ballisteros

14. MOTHER  
Full maiden name Angela Lopez

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

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 25 (Years)

16. Color or race Mexican

17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Solomonville, Arizona  
(State or country)

18. Birthplace (city or place) Deming, New Mexico  
(State or country)

13. Occupation Miner  
Nature of industry Copper mine

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

20. Number of children of this mother 3  
(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 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 12:20 p.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 W.D. [illegible]  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Address Miami, Arizona

Registrar \_\_\_\_\_

Filed Nov 12 1929 Registrar \_\_\_\_\_

372-1163-129