

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

State File No. 138
 Registered No. 552

1. PLACE OF BIRTH

County Pima State Arizona
 District or Township _____ or Village _____
 City Miami No. 122 St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Amalia Murrieta { 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** Nov 10 1929
 Month Day Year

8. FATHER Full name Miguel Murrieta **14. MOTHER** Full maiden name Edwigen Lopez

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

10. Color or race Mexican **16. Color or race** Mexican **11. Age at last birthday** 23 (Years) **17. Age at last birthday** 16 (Years)

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

13. Occupation miner **19. Occupation** Housewife
 Nature of industry Copper 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** 1 **(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 6 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 J. J. Mueller (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona
 Month, day, year _____ Filed Nov 29 1929 Registrar [Signature]

Registrar

141-110 537