

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 MAKING RESERVED FOR BIRTH

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

State File No. 190
 Registered No. 213

1. PLACE OF BIRTH

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

2. Full name of child Barbara Elizabeth Cuba { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. No. in order of birth	6. Legitimate? <u>yes</u>	7. Date of birth <u>May 24, 1927</u> Month Day Year
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8. FATHER

Full name James Joseph Cuba

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

10. Color or race White

11. Age at last birthday 42 (Years)

12. Birthplace (city or place) Elburn
(State or country) Iowa, Iowa

13. Occupation Shipping Clerk
Nature of industry Meatery, store

14. MOTHER

Full maiden name Mary Emma Althaus

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

16. Color or race White

17. Age at last birthday 33 (Years)

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

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 <u>1</u>	(b) Born alive but now dead <u>0</u>	(c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:20 P. m. on the date above stated
(Born alive or stillborn.)

Signature J. J. Miller
(Physician or midwife)

Given name added from a supplemental report _____
 Address Miami, Arizona
 Filed June 1, 1927 Registrar J. E. Jones

231-524-412