

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

208 163
State File No. 36
Registered No. 36

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 820 Live Oak St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Carlos Tarango } 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 _____ } 5. No., in order of birth _____ } 6. Legitimate? yes } 7. Date of birth Jan. 14-1930
Month Day Year

8. FATHER
Full name Severo Tarango
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 32 (Years)
12. Birthplace (city or place) Chihuahua
(State or country) Mex.
13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Francisca Besaril
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 26 (Years)
18. Birthplace (city or place) Guajuato
(State or country) Mex.
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother: } (a) Born alive and now living 4 } 21. Were precautions taken against ophthalmia neonatorum? Yes
(Taken as of time of birth of child herein certified and including this child.) 4 } (b) Born alive but now dead 0 }
} (c) Stillborn 0 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 A. 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 Byrne M. Brown M.D.
Physician
(Physician or midwife.)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Feb 1, 30 Registrar E. E. Brown

USE IN ORDER OF DIVISION STATED.

336 - 114 - 623