

Supplement Attached

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 249,263
Registered No. 69

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Raymundo Yunquez } 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. 23-1930
Month Day Year

8. FATHER
Full name Antonio P. Yunquez

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

10. Color or race Mex. 11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Jalisco Mex.
(State or country)

13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Antonia Lopez

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

16. Color or race Mex. 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Jalisco Mex.
(State or country)

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. } (a) Born alive and now living 4
(Taken as of time of birth of child herein } (b) Born alive but now dead 2
certified and including this child.) } (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 born alive at 7:00 p. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M.D.
Physician
(Physician or midwife.)

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

Month, day, year _____ Filed Feb 10 1930 Registrar. _____

each in order of birth stated.

9-109-123-139