

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 253 206a
Registered No. 110

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 17 King Oak Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Triotea Loney } If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

Female

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

Yes

7. Date

of birth Jan 24 - 1930
Month Day Year

8. FATHER

Full name

Jose Loney

14. MOTHER

Full maiden name

Francisco Pezda

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami Arizona

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami Arizona

10. Color or race

Mexican

11. Age at last birthday 19 (Years)

16. Color or race

Mexican

17. Age at last birthday 22 (Years)

12. Birthplace (city or place)

(State or country)

Mexico

18. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of Industry

Miner

19. Occupation

Nature of Industry

H. W.

20. Number of children of this mother 1

(Taken as of time of birth of child herein certified and including this child.)

- (a) Born alive and now living none
- (b) Born alive but now dead none
- (c) Stillborn none

21. Were precautions taken against ophthalmia neonatorum?

no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born at 1 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

Guillem Brown MD
(Physician or midwife.)

Given name added from a supplement report

Month, day, year

Address

Filed

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Registrar

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