

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 159  
Registered No. 90

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 26 Grover Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child. Gilberto Tuna } 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 Feb. 4 - 1930.  
Month Day Year

**3. FATHER**  
Full name Euphemia Tuna  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona

**14. MOTHER**  
Full maiden name Altegracia Mendez  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona

10. Color or race Mex 11. Age at last birthday 44 (Years)

16. Color or race Mex 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Agua Caliente  
(State or country) Mex.

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

13. Occupation  
Nature of Industry Smelter

19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother. 4 } (a) Born alive and now living. 4  
(Taken as of time of birth of child herein certified and including this child.) } (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 born alive at 5:30 A. 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 11 1930 Registrar S. E. King

731-204-149

N. B.—In case of more than one child for a birth, a SEPARATE RETURN must be made for each, and the number of SEPARATE RETURNS must be stated in order of birth stated.