

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 234

Local Registrar's No. 46

1. PLACE OF BIRTH

County Graham State Arizona
District or Township Solomonville or Village _____
City _____ No. _____ St. _____ Ward _____

2. Full name of child Pedro Bertolds
(If birth occurred in a hospital or institution, give its NAME instead of street and number
If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. No., in order of birth <u>6</u>	6. Legitimate? <u>Yes</u>	7. Date of birth <u>2-21-1930</u> Month Day Year
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8. FATHER
Full name Pedro Bertolds

14. MOTHER
Full maiden name Rosenda Miranda

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

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

10. Color or race mex

16. Color or race mex

11. Age at last birthday 35 (Years)

17. Age at last birthday 33 (Years)

12. Birthplace (city or place) Solomonville Arizona
(State or country)

18. Birthplace (city or place) Clifton Arizona
(State or country)

13. Occupation
Nature of industry Workman

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 6
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 6
(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 alive at 8:45 p.m. on the date above stated.
(Born alive or stillborn.)

Signature _____
J. N. Stratton
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____ Address _____

Registrar _____ Filed 3-8-30 1930 J. N. Stratton Registrar
07. Apr

726,221-941

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.