

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1132
 Registered No. 118

1. PLACE OF BIRTH

County Pima State _____
 District or Township _____ or Village _____
 City Miami St. _____ Ward _____

2. Full name of child Calvin Calidge Okef (If birth occurred in a hospital institution, give its NAME instead of street and number)
 Sex of child Male To be answered ONLY in event of plural birth. 4. Twin, triplet or other. _____ 6. Legitimate? Yes 7. Date of birth Feb 4 1930
 If child is not yet named, make supplemental report, as directed.

3. **FATHER** Full name Chas Okef 14. **MOTHER** Full maiden name Mercy Padilla
 1. Residence (Usual place of abode) Phoenix 15. Residence (Usual place of abode) Miami, Az
 If non-resident, give place and state. If non-resident, give place and state.
 10. Color or race White 11. Age at last birthday 37 (Years) 16. Color or race Mex 17. Age at last birthday 24 (Years)

2. Birthplace (city or place) US 18. Birthplace (city or place) Mexico
 (State or country) (State or country)

3. Occupation Brokeman 19. Occupation Homemf
 Nature of Industry Nature of Industry

1. Number of children of this mother. _____ (a) Born alive and now living. _____ 21. Were precautions taken against ophthalmia neonatorum?
 Taken as of time of birth of child herein (b) Born alive but now dead. _____ (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated.
 (Born alive or stillborn)

Signature Melvin S. Brayton

 (Physician or midwife.)

When name added from supplemental report. _____ Address _____
 Month, day, year

Filed Phoenix 30 1930 Registrar. C. E. Dorris

Registrar. _____

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