

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 1246  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Yuma State \_\_\_\_\_  
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 Paulo Carral } 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. \_\_\_\_\_ 6. Legitimate? Yes 7. Date Mar 8 1930  
of birth \_\_\_\_\_  
Month Day Year

8. FATHER  
Full name Jose Carral

14. MOTHER  
Full maiden name Tiburcio Herrera

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

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

10. Color or race Mex 11. Age at last birthday 34 (Years)

16. Color or race Mex 17. Age at last birthday 31 (Years)

12. Birthplace (city or place) Mexico  
(State or country)

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

13. Occupation  
Nature of Industry Miner

19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother 5 } (a) Born alive and now living 5  
(Taken as of time of birth of child herein } (b) Born alive but now dead \_\_\_\_\_  
certified and including this child.) } (c) Stillborn \_\_\_\_\_

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 \_\_\_\_\_ at \_\_\_\_\_ 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 Nelson S. Brayton  
Miami  
(Physician or midwife.)

Address \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Registrar \_\_\_\_\_ Filed Mar 15 1930 Registrar C. E. Jones

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