

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 175
Registered No. 140

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 44 Davis Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Fernando Quintero } 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 McK. 17-1930.
Month Day Year

8. FATHER
Full name Bonifacio Quintero
9. Residence Miami, Arizona.
(Usual place of abode) If non-resident, give place and state.
10. Color or race Mex.
11. Age at last birthday 24 (Years)
12. Birthplace (city or place) Jalisco Mex.
(State or country)
13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Leonore Mendoza
15. Residence Miami, Arizona.
(Usual place of abode) If non-resident, give place and state.
16. Color or race Mex.
17. Age at last birthday 23 (Years)
18. Birthplace (city or place) Tyrone New Mex.
(State or country)
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. 2 } (a) Born alive and now living 2
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *35

I hereby certify that I attended the birth of this child, who was born alive at 10:35 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 Cyril M. Brown, D.O. Physician
(Physician or midwife)

Given name added from a supplemental report _____
Address Miami, Arizona.

Month, day, year _____
Registrar. McK 8, 1930 C E Irwin Registrar.