

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 2032
Registered No. 196

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 126 Mex. Canon St. _____ Ward _____
(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.)

2. Full name of child Jose Quintana

| | | | | | |
|----------------------------------|--|----------------------------------|---------------------------|--------------------------------------|--|
| 1. Sex of Child <u>Male</u> | To be answered ONLY in event of plural births. | 4. Twin, triplet or other. _____ | 6. Legitimate? <u>yes</u> | 7. Date of birth <u>Mar. 27-1930</u> | 8. Month <u>Mar</u> Day <u>27</u> Year <u>1930</u> |
| 5. No., in order of birth. _____ | | | | | |

8. FATHER
Full name Edwards Quintana
Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Mex
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) Tucson
(State or country) Arizona
13. Occupation _____
Nature of Industry Miner

14. MOTHER
Full maiden name Gloria Vargas
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race Mex
17. Age at last birthday 22 (Years)
18. Birthplace (city or place) Magatlan
(State or country) Mex.
19. Occupation _____
Nature of Industry Housewife

20. Number of children of this mother. _____ } (a) Born alive and now living 0
(Taken as of time of birth of child herein certified and including this child.) 2 } (b) Born alive but now dead. 1
_____ } (c) Stillborn 1
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 stillborn at 10 A. m. on the date above stated.
(Born alive or stillborn)

Signature Leyril M. Lerow M.D.
(Physician or midwife.)
*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.

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____
Filed May 12 30 1930 Registrar Le... ..

191-327-752