

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 7295
Registered No. 789

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. Miami - Inspiration Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child * Jose Galvez } 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.	6. Legitimate	7. Date of birth <u>April 30 1930</u> Month Day Year
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8. FATHER
Full name Rafael Galvez

14. MOTHER
Full maiden name Ramona Lara

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

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

10. Color or race
Mex. Can

11. Age at last birthday 4 1/2 (Years)

16. Color or race
Mex. Can

17. Age at last birthday 29 (Years)

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

18. Birthplace (city or place) (State or country) Mex. Co

13. Occupation Miner
Nature of Industry _____

19. Occupation Homewife
Nature of Industry _____

20. Number of children of this mother 8
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 4
(b) Born alive but now dead 3
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was A. Williams at 29 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 J. J. Miller
(Physician or midwife.)

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year 179-430-931 Filed May 3 1930
Registrar. _____ Registrar.

each by order of birth stated.

* Death in utero; toxemia; mother in diabetic coma 7 mos fetus