

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 378¹⁵⁰
Registered No. 378

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ Village P.O. Box 1401 Miami, Ariz.
City Miami No. 11 Porto Rico Canow St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Roberto Segala } If child is not yet named, make supplemental report, as directed.

3. Sex of Child } To be answered ONLY in event of plural births. } male
4. Twin, triplet or other..... } no
5. No. in order of birth..... } 1
6. Legitimate? } yes
7. Date of birth June 7-1930
Month Day Year

3. FATHER
Full name Trinidad Segala

14. MOTHER
Full maiden name Rosaria Ulloa

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

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

16. Color or race Mex

11. Age at last birthday 35 (Years)

16. Color or race Mex

17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Zacatecas
(State or country) Mex

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

13. Occupation
Nature of Industry Mining

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother } (a) Born alive and now living 4
(Taken as of time of birth of child herein } (b) Born alive but now dead 1
certified and including this child.) } (c) Stillborn 0

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 born alive at 9:00 A. M. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M.D.
(Physician or midwife.)

Given name added from a supplement report _____
Month, day, year _____
Address Miami, Arizona
Filed June 15, 1930
Regist. No. _____
Registrar. W. G. Brown

921-607-941