

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 172
Registered No. 395

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village General Delivery
City Miami No. 2 Lower Miami St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Antonio Duran } 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 of birth June 13-1930
5. No., in order of birth. _____ } Month Day Year

8. FATHER
Full name Arturo Duran
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. _____
10. Color or race Mex.
11. Age at last birthday 23 (Years)
12. Birthplace (city or place) El Paso Texas
(State or country) _____
13. Occupation
Nature of Industry miner

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

20. Number of children of this mother. _____ } (a) Born alive and now living. 3
(Taken as of time of birth of child herein certified and including this child.) 4 } (b) Born alive but now dead. 1
} (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 11 P. 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 M.D. (Physician or midwife)

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

Registrar. _____ Filed June 29 30 Registrar. R. E. Irving

145-613-175