

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 475 <sup>185</sup>  
Registered No. 475

1. PLACE OF BIRTH

County Gila State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Phoenix No. \_\_\_\_\_ St. Live Oak 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 Dugg

3. Sex of Child Female To be answered ONLY in event of plural births. }  
4. Twin, triplet or other Yes }  
5. No., in order of birth 1 }  
6. Legitimate? Yes }  
7. Date of birth June 17 1930  
Month Day Year

8. FATHER  
Full name Angelis Dugg

14. MOTHER  
Full maiden name Virginia Gouff

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

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

10. Color or race Mex

11. Age at last birthday 43 (Years)

16. Color or race Mex

17. Age at last birthday 37 (Years)

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

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

13. Occupation  
Nature of Industry Labourer

19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother 6 }  
(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 1  
(c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9 PM on the date above stated.  
(Live 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 Nelson, D. Brington  
(Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
Month, day, year

Registrar John E. Irwin Registrar  
Filed July 17 30 19 30

036-617-779