

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 160  
Registered No. 437

1. PLACE OF BIRTH

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. 500 Orphan St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Arturo Angulo } 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. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth July 5-1930  
Month Day Year

8. FATHER  
Full name Enrique Angulo

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 26 (Years)

12. Birthplace (city or place) Sinaloa, Mex.  
(State or country)

13. Occupation  
Nature of Industry Miner

14. MOTHER  
Full maiden name Carmen Romero

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 24 (Years)

18. Birthplace (city or place) Globe, Arizona  
(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? 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:20 P m. on the date above stated.  
(Born alive or stillborn)

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

Given name added from \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed July 16, 30 Registrar C. E. J...

116-705-396

each in order of birth stated.