

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 547

1. PLACE OF BIRTH

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

2. Full name of child Uriel Galvan (If child is not yet named, make supplemental report, as directed.)
3. Sex of Child m 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 7 16 30
Month Day Year

8. FATHER
Full name Thomas Galvan
9. Residence (Usual place of abode) Miami
If non-resident, give place and state.

14. MOTHER
Full maiden name Concha Martinez
15. Residence (Usual place of abode) Miami
If non-resident, give place and state.

10. Color or race Mex
11. Age at last birthday 32 (Years)

16. Color or race Mex
17. Age at last birthday 37 (Years)

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

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

13. Occupation
Nature of Industry consentrator

19. Occupation
Nature of industry H W.

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead _____
(c) Stillborn _____

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 or stillborn.) _____ at _____ m. on the date above stated.

* 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 _____
(Physician or midwife).

Given name added from a supplemental report _____ Address Miaccin
Month, day, year _____

Filed Oct 8, 1930 Registrar W. K. Brown
Registrar _____

475-716-349

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.