

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

State File No. 348
Registered No. _____

1. PLACE OF BIRTH
County Gila 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)
If child is not yet named, make supplemental report, as directed.

2. Full name of child Anita Carbajal
3. Sex of Child ♀ 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 26 30
Month Day Year

8. FATHER
Full name Manuel Carbajal
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. _____
10. Color or race Mex 11. Age at last birthday 22 (Years)
12. Birthplace (city or place) Mex
(State or country) _____
13. Occupation Laborer
Nature of Industry _____

14. MOTHER
Full maiden name Euphemia Vago
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. _____
16. Color or race Mex 17. Age at last birthday 26 (Years)
18. Birthplace (city or place) Mex
(State or country) _____
19. Occupation HW
Nature of Industry _____

20. Number of children of this mother 3 (a) Born alive and now living 3
(b) Born alive but now dead _____
(c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.) 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 Alive at 5:30 p.m. on the date above stated.
(Born alive or stillborn.)
Signature C. F. Perkins
(Physician or midwife.)

* 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.
Given name added from a supplemental report _____
Month, day, year _____
Registrar _____

Address Miami
Filed Oct 8 1930 C. E. Dorman
Registrar

133-726-551

WHILE PLAINLY WRITING UNLESS OTHERWISE SPECIFIED, THE NUMBER OF EACH IN ORDER OF BIRTH RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH RETURNED.
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 returned.