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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 46

Registered No. 480

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 807 Sullivan St., ... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Carmen Dora Arabado

If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Girl

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: Month Day Year — Aug 7 1930

8. FATHER

Full name Antonio Arabado

9. Residence (Usual place of abode) 807 Sullivan St

If non-resident, give place and state.

10. Color or race: Mexican

11. Age at last birthday 28 (Years)

12. Birthplace (city or place) El Paso

(State or country) Texas

13. Occupation: Miner

Nature of Industry

14. MOTHER

Full maiden name Dora Apodaco

15. Residence (Usual place of abode) 807 Sullivan St

If non-resident, give place and state.

16. Color or race: Mexican

17. Age at last birthday 20 (Years)

18. Birthplace (city or place) Acenaiva

(State or country) Chihuahua Mex

19. Occupation: Housewife

Nature of Industry

20. Number of children of this mother .....

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 3

(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 alive (Born alive or stillborn) at 12½ p.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 Rosa Cortez

~~(Physician~~ midwife.)

Given name added from a supplemental report .....

Month, day, year

Address 806 Sullivan St.

Registrar.

Filed Aug 12 1930

R. E. Irving

Registrar.

316-807-416