

each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 168
Registered No. 495

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. E-69 Davis Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Vless Gironi } If child is not yet named, make supplemental report, as directed.

3. Sex of Child female 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 August 16 1930
Month Day Year

8. FATHER
Full name José Gironi

14. MOTHER
Full maiden name Panfila Marin

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

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

10. Color or race Mexican 11. Age at last birthday 30 (Years)

16. Color or race Mexican 17. Age at last birthday 23 (Years)

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

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

13. Occupation Miner
Nature of Industry Copper

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother _____ } (a) Born alive and now living 2
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (c) Stillborn 0 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 5:40 am on the date above stated.
(Born alive or stillborn)

Signature [Signature]
(Physician or midwife)

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

Filed Aug 25 1930 Registrar [Signature]

575-716-715