

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 160
Registered No. 590

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 1019 Alderman St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alberto Leon Betti 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 Oct. 14 1930
Month Day Year

8. FATHER
Full name Mario Betti
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state. Arizona
10. Color or race Italian
11. Age at last birthday 21 (Years)
12. Birthplace (city or place) Italy
(State or country)
13. Occupation
Nature of Industry Waiter

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

20. Number of children of this mother. _____ } (a) Born alive and now living. 1
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead. 0
} (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 at 12:45 a.m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M.D.
*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.
(Physician or midwife.)

Given name added from a supplement report _____ Address Miami, Arizona
Month, day, year _____ Filed Nov 1, 1930
Registrar. E. E. King Registrar.

129-1014-235

In case of more than one child at a birth, a SEPARATE certificate must be made for each, and the name of each in order of birth stated.