

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **184**

Registered No. **1626**

1. PLACE OF BIRTH

County Gila State ARIZONA
District or Township _____ or Village _____
City MIAMI, ARIZONA No. 1018 Sullivan 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 Minnie Kress
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 Nov 26 1930 }
Month Day Year

8. FATHER
Full name John Kress
9. Residence MIAMI, ARIZONA
(Usual place of abode)
If non-resident, give place and state.
10. Color or race white
11. Age at last birthday 45 (Years)
12. Birthplace (city or place) Greece
(State or country)
13. Occupation Proprietor, Movie Theatre
Nature of Industry

14. MOTHER
Full maiden name Helen Sakellaropoulos
15. Residence MIAMI, ARIZONA
(Usual place of abode)
If non-resident, give place and state.
16. Color or race white
17. Age at last birthday 23 (Years)
18. Birthplace (city or place) Greece
(State or country)
19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 2 }
(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 0
 } (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 7:30 p.m. on the date above stated.
(Born alive or stillborn)

*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 supplemental report. Signature F. F. Miller
F. F. MILLER, M. D.
(Physician or midwife.)

Address MIAMI, ARIZONA
Month, day, year _____
Filed Dec 30 1930 Registrar [Signature]

422-1126-822