

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 152  
Registered No. 673

**1. PLACE OF BIRTH**

County Gila State ARIZONA  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City MIAMI ARIZONA No. 76 Grover Canyon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

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?	7. Date of birth
<u>male</u>				<u>yes</u>	<u>Dec 13 1930</u> Month Day Year

8. FATHER  
Full name Valentino Carls

14. MOTHER  
Full maiden name Reynis Trinidad

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

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

10. Color or race  
Mexican

11. Age at last birthday 24 (Years)

16. Color or race  
Mexican

17. Age at last birthday 20 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico

13. Occupation Surface labourer  
Nature of Industry Copper mine

19. Occupation Housewife  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother 1  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 0  
(b) Born alive but now dead 0  
(c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \***

I hereby certify that I attended the birth of this child, who was stillborn at 11:30 a 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.

Signature F. F. Miller

**F. F. MILLER, M. D.**  
(Physician or midwife.)

Given name added from supplemental report \_\_\_\_\_ Address MIAMI, ARIZONA

Month, day, year \_\_\_\_\_ Filed Dec 20 1930 Registrar 66 Jmm

032-1213-934