

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

168
 State File No. 682
 Registered No. _____

1. PLACE OF BIRTH

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

2. Full name of child Poulopoulos { 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 Dec 19-1930
 Month Day Year

8. FATHER
 Full name Demetris Poulopoulos

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

10. Color or race Greek 11. Age at last birthday 42 (Years)

12. Birthplace (city or place) Greece
 (State or country)

13. Occupation Shoe Merchant
 Nature of Industry

14. MOTHER
 Full maiden name Alpa Rigopoulos

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

16. Color or race Greek 17. Age at last birthday 33 (Years)

18. Birthplace (city or place) Greece
 (State or country)

19. Occupation H W
 Nature of industry

20. Number of children of this mother 7 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 7
 (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 1930 at 10:30 A.M. on the date above stated.
(Born alive or stillborn.)

Signature Charles E. Drinn
(Physician or midwife).

Given name added from a supplemental report _____ Address Miami Arizona

Filed Dec 25 1930 Registrar C. E. Drinn

072-1219-495