

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 176  
Registered No. 684

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village P.O. Box 560 - Claypool, Ariz.  
City Miami No. 49 Broner Canon 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** Antonio Jauriga

**3. Sex of Child** male To be answered ONLY in event of plural births. } **4. Twin, triplet or other** \_\_\_\_\_ } **6. Legitimate?** yes } **7. Date of birth** Dec. 22 - 1930.  
} **5. No. in order of birth** \_\_\_\_\_ } Month Day Year

**8. FATHER**  
Full name Martin Jauriga

**14. MOTHER**  
Full maiden name Andrea Sanchez

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

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

**10. Color or race** Mex.

**11. Age at last birthday** 28 (Years)

**16. Color or race** Mex

**17. Age at last birthday** 30 (Years)

**12. Birthplace (city or place)** Jalisco  
(State or country) Mex.

**18. Birthplace (city or place)** Jalisco  
(State or country) Mex.

**13. Occupation** Teaching plant  
Nature of Industry Insp. Con. Copper Co.

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

**20. Number of children of this mother** 6  
(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 4  
(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 born alive at 4:30 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 Cyril M. Crow M.D.  
(Physician or midwife)

Given name added from a supplement report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed Dec 30 1930 Registrar \_\_\_\_\_

111-1272-129