

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 182
Registered No. 687

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 1134 Pine Oak St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Benigno Tarango } 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. 24 - 1930.
Month Day Year

8. FATHER
Full name Benigno Tarango
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona.
10. Color or race Mex.
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) Chihuahua
(State or country) Mex.
13. Occupation
Nature of Industry Mining

14. MOTHER
Full maiden name Ramona Flores
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona.
16. Color or race Mex.
17. Age at last birthday 22 (Years)
18. Birthplace (city or place) El Paso
(State or country) Texas
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. } (a) Born alive and now living 3 } 21. Were precautions taken against ophthalmia neonatorum? Yes
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0 }
} (c) Stillborn 4 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE, 25
I hereby certify that I attended the birth of this child, who was born alive at 2 4 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. Brown M.D. (Physician or midwife.)

Given name added from a supplement report _____
Month, day, year _____
Address Miami, Arizona
Filed Dec 30 19 30 C. E. Brown Registrar.

236-1224-962