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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 92

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Globe No. Gila General Hosp. St. _____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Anton Pajon (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 May 17 1931 (Month Day Year)

8. FATHER

Full name Anton P. Pajon

9. Residence (Usual place of abode) Miami Arizona

If non-resident, give place and state.

10. Color or race Spainard | 11. Age at last birthday 38 (Years)

12. Birthplace (city or place) Caronia

(State or country) Spain

13. Occupation Proprietor Cleaning

Nature of industry Establishment

14. MOTHER

Full maiden name Helen Jacoma

15. Residence (Usual place of abode) Miami Arizona

If non-resident, give place and state.

16. Color or race Italian | 17. Age at last birthday 34 (Years)

18. Birthplace (city or place) _____

(State or country) Switzerland

19. Occupation H. W

Nature of industry

20. Number of children of this mother 3

(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 1

(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 (Born alive or stillborn.) at 4 A. m. on the date above stated.

* 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 Charles E. Twin M.D.

M. D. (Physician or midwife).

Address Miami Arizona

Given name added from a supplemental report _____ Month, day, year

_____ Registrar

Filed 6/9, 1931 L. E. Wrightman M.D. Registrar

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