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

State File No. 198
Registered No.

1. PLACE OF BIRTH

County Gila State
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 Carmen Sisma { If child is not yet named, make supplemental report, as directed.

3. Sex of Child F | 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 6-1-31 (Month Day Year)

8. FATHER
Full name Ramon Sisma

9. Residence (Usual place of abode) Central Heights
If non-resident, give place and state. Globe

10. Color or race Mex | 11. Age at last birthday 30 (Years)

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

13. Occupation
Nature of industry Mine

14. MOTHER
Full maiden name Carlota Gonzalez

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

16. Color or race Mex | 17. Age at last birthday 23 (Years)

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

19. Occupation
Nature of industry Hw

20. Number of children of this mother
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living
(b) Born alive but now dead
(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 alive (Born alive or stillborn) at 7:30 P.m. on the date above stated.

Signature C. F. Perkins M.D.
(Physician or midwife).

Address Miami

Filed June 24 1931 C. E. Irwin Registrar

* 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.

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

321-601-379 Registrar