

ARIZONA STATE BOARD OF HEALTH

184

BUREAU OF VITAL STATISTICS

State File No. _____

STANDARD CERTIFICATE OF BIRTH

Registered No. 46

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Hayden 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 Comporant If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. 2 5. No., in order of birth. 2 6. Legitimate? Yes 7. Date of birth June 14 1931
 Month Day Year

8. FATHER
 Full name Joe Comporant
 9. Residence Hayden
(Usual place of abode)
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Francisca Pulas
 15. Residence Hayden
(Usual place of abode)
 If non-resident, give place and state.

10. Color or race Mex
 11. Age at last birthday 32 years

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

12. Birthplace (city or place) Altam
(State or country)
 13. Occupation Miner
 Nature of Industry Copper

18. Birthplace (city or place) Emoris
(State or country)
 19. Occupation House wife
 Nature of Industry

20. Number of children of this mother: (a) Born alive and now living 4
 (b) Born alive but now dead 1
 (c) Stillborn 1
 (Taken as of time of birth of child herein certified and including this child.) 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 _____ at _____ m. on the date above stated.
(Born alive or stillborn)

Signature Charles H. Hunter
(Physician or midwife)

Given name added from a supplemental report. Address Hayden, Ariz
 Month, day, year _____
 Filled 4/20 1931 Registrar W. J. Paul

331-619-692