

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. **100**  
Registered No. **715**

**1. PLACE OF BIRTH**

County Gila State ARIZONA  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City MIAMI No. E-24 Davis Cameron St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mmanuel Tarrey  
(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 15 1931  
Month Day Year

**8. FATHER**  
Full name Antonio Tarrey

**14. MOTHER**  
Full maiden name Terdora Sepuentes

9. Residence (Usual place of abode) MIAMI, ARIZONA  
If non-resident, give place and state.

15. Residence (Usual place of abode) MIAMI, ARIZONA  
If non-resident, give place and state.

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

16. Color or race Mexican 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Haywood  
(State or country) New Mex. Co

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

13. Occupation Miner  
Nature of Industry Copper

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

20. Number of children of this mother 2 } (a) Born alive and now living 1  
(Taken as of time of birth of child herein } (b) Born alive but now dead 0  
certified and including this child.) } (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 alive at 9:45 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 F. F. Miller  
F. F. MILLER, M. D.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address MIAMI, ARIZONA  
Month, day, year \_\_\_\_\_  
439-1215-322 Filed Jan 6 1932 Charles E. Linn  
Registrar Registrar