

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 100
Registered No. 33

1. PLACE OF BIRTH

County Gila State Arizona
Township Miami or Village Dairy Row
City Miami No. Dairy Row St. Dairy Row
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child

If child is not yet named, make supplemental report, as directed

3. Sex Male If plural births No 4. Twin, triplet, or other No 6. Premature No 7. I. Yes 8. Date of birth Feb 9, 1932
5. Number, in order of birth 1 Full term Yes mate Yes (month, day, year)

9. Full name of FATHER Arthur Duran

18. Full name of MOTHER Agnes Galvan

10. Residence (usual place of abode) Miami
(If nonresident, give place and state)

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(If nonresident, give place and state)

11. Color Mex 12. Age at last birthday 27 (Years)

20. Color Mex 21. Age at last birthday 20 (Years)

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

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(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, etc.

16. Date (month and year) last engaged in this work Not employed

25. Date (month and year) last engaged in this work Not employed

17. Total time (years) spent in this work 4

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation 0 months or weeks 29. Cause of stillbirth 0 Before labor 0 During labor 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 29 m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signature) Alonso Beaylor M.D.

or Miami Midwife

Given name added from a supplemental report 045-209-175 (Date of)

Address Miami Filed Mch 2, 1932 Registrar Charles D. Drinn

MARGIN RESERVED FOR BINDING
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.