

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 1339
Registered No. 128

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 3014 Turkey Shoot St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pietra Carbajal (If child is not yet named, make supplemental report, as directed.)

| | | | | |
|-----------------|--|---------------------------|---------------|--------------------------------------|
| 3. Sex of Child | To be answered ONLY in event of plural births. | 4. Twin, triplet or other | 6. Legitimate | 7. Date of birth |
| <u>Female</u> | | <u>2</u> | <u>yes</u> | <u>May 19-1932</u> Month Day Year |

8. FATHER
Full name Manuel Carbajal

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

10. Color or race Mex.

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

13. Occupation
Nature of Industry Mining

20. Number of children of this mother 5
(Taken as of time of birth of child here certified and including this child.)

14. MOTHER
Full maiden name Euphemia Esparza

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

16. Color or race Mex.

17. Age at last birthday 29 (Years)
18. Birthplace (city or place) Chihuahua City, Mex.
(State or country)

19. Occupation
Nature of Industry Housewife

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 at 5:40 A.M. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown, M.D. (Physician or midwife.)

Address Miami, Arizona

Month, day, year 733-519-551 Filed June 5 1932 Registrar G. E. Brown

each in order of birth stated.