

1000

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of Miami
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 195
County Registrar No. 356
Local Registrar No. _____

2. Full name of child Arthur Carbopal
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
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 7th 6. Legitimate? 7. Date of birth Aug - 29 - 1923
Month day year

8. FATHER
Full name Thomas Carbopal
9. Residence (Usual place of abode) Miami Ariz.
If nonresident, give place and state

14. MOTHER
Full maiden name Maria Hernandez
15. Residence (Usual place of abode) Miami Ariz.
If nonresident, give place and state

10. Color or race White Mex
11. Age at last birthday 27 (Years)

16. Color or race White Mex
17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Marietta Ariz
(State or country)

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

13. Occupation Furniture Dealer
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother (a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn None
(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 Born alive at 9 P m. on the date above stated.
(Born alive or stillborn.)

Signature J. H. Slaughter
Address Miami Ariz
(Physician or midwife)

Filed Aug 31, 1923
Local Registrar. C. E. Davis
County Registrar.

In order of birth stated.

Registrar. 133-829-489