

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ¹⁸² 559

Registered No. 559

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 2 Porto Rico Canon St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Antonio Barron 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 Nov-19-1928
 Month Day Year

8. FATHER
 Full name Eulocio Barron
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 10. Color or race Mex.
 11. Age at last birthday 39 (Years)
 12. Birthplace (city or place) Jalisco, Mex.
 (State or country)
 13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Teresa Gamboa
 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 40 (Years)
 18. Birthplace (city or state) Zacatecas, Mex.
 (State or country)
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 8
 (Taken as of time of birth of child herein certified and including this child).
 (a) Born alive and now living 6
 (b) Born alive but now dead 2
 (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 born alive at 5 P. 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 returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature Cyril M. Brown, M.D.
Physician
 (Physician or midwife)

Given name added from a supplemental report _____
 Address Miami, Arizona
 Month, day, year _____

Registrar.

Filed Jan 10 19 29

Registrar.

125-1119-371