

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 135  
533

Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

County Gila

State Arizona

District or Township \_\_\_\_\_

or Village \_\_\_\_\_

City Miami

No. 718 Smith St

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Kentera

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

3. Sex of Child

To be answered ONLY in event of plural births.

Female

4. Twin, triplet or other.....

6. Legitimate?

yes

7. Date of birth

Dec. 12 - 1928  
Month Day Year

8. FATHER

Full name

Chris Lawrence Kentera

9. Residence

(Usual place of abode)

Miami,

If non-resident, give place and state.

Arizona.

10. Color or race

Cauc.

11. Age at last birthday 40 (Years)

12. Birthplace (city or place)

Juderovich,

(State or country)

Jugo-Slavia

13. Occupation

Nature of industry

Restaurant business

20. Number of children of this mother 2

(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living 2

(b) Born alive but now dead.....

(c) Stillborn.....

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 8 A. m. on the date above stated.  
(Born alive or stillborn)

Signature

Byril M. Brown M.D.

Physician

(Physician or midwife).

Given name added from

a supplemental report.

Month, day, year

Address Miami, Arizona

Filed

Jan 2, 1929

E. E. Dinn

Registrar.

Registrar.

421-1212-531