

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 163
549
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Five Oak or Village _____
City Miami No. L-12 Five Oak Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Leone Edwin Dragan
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child female To be answered ONLY in event of plural births. }
4. Twin, triplet or other _____ }
5. No., in order of birth 2 }
6. Legitimate? yes }
7. Date of birth Dec 21 1928
Month Day Year

8. FATHER
Full name George Samuel Dragan

14. MOTHER
Full maiden name Leone Edwin Moon

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

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If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 33 (Years)

16. Color or race White
17. Age at last birthday 31 (Years)

12. Birthplace (city or place) Tarrytown
(State or country) New York

18. Birthplace (city or place) San Antonio
(State or country) Texas

13. Occupation Bookkeeper
Nature of industry Copper mine

19. Occupation _____
Nature of industry Housewife

20. Number of children of this mother 5
(Taken as of time of birth of child herein certified and including this child.) }
(a) Born alive and now living 5
(b) Born alive but now dead 0
(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 alive at 5:05 A. 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 return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature J. J. Miller
_____ M.D. _____
(Physician or midwife).

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

Filed Jan 7 1929
Registrar C. C. Drinn
Registrar

345-1221-345