

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 142
108
Registered No. _____

1. PLACE OF BIRTH

County Maricopa State Arizona
District or Township _____ or Village _____
City Miami No. 719 Keegan St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gloria Virginia Olga Cuen { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Mar. 5 - 1929</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Joe B. Cuen
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona

10. Color or race Mex
11. Age at last birthday 20 (Years)

12. Birthplace (city or place) Sonora
(State or country) Mex.

13. Occupation
Nature of Industry Stage driver

14. MOTHER
Full maiden name Virginia Mannion
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona

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

18. Birthplace (city or place) Nogales
(State or country) Arizona

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother _____ (a) Born alive and now living _____
(Taken as of time of birth of child herein (b) Born alive but now dead _____
certified and including this child.) (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 11 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 return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Byril M. Brown M.D.
Physician
(Physician or midwife.)

Given name added from a supplemental report _____
Month, day, year _____
Address Miami, Arizona
Filed Mar 15 1929 C. E. Dwin
Registrar Registrar

N. L.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each order of birth stated.

735-305-545