

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

181  
 State File No. 236  
 Registered No. 236

**1. PLACE OF BIRTH**

County Pima State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Mesa No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. Full name of child**

Jose Dorame  
(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 \_\_\_\_\_

**6. Legitimate?**

Yes

**7. Date of birth**

May 20 1929  
 Month Day Year

**8. FATHER**

Full name Jose Dorame

**9. Residence**

(Usual place of abode)  
 If non-resident, give place and state Mesa

**10. Color or race**

Mex

11. Age at last birthday 38 (Years)

**12. Birthplace (city or place)**

(State or country) Mexico

**13. Occupation**

Nature of industry Barber

**14. MOTHER**

Full maiden name Martha Lopez

**15. Residence**

(Usual place of abode)  
 If non-resident, give place and state Mesa

**16. Color or race**

Mex

17. Age at last birthday 35 (Years)

**18. Birthplace (city or place)**

(State or country) Mexico

**19. Occupation**

Nature of industry Housewife

**20. Number of children of this mother**

7  
(Taken as of time of birth of child herein certified and including this child.)

**(a) Born alive and now living**

4

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

3

**(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 \_\_\_\_\_ m. on the date above stated.

\* 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 Nelson S. Brayton

Mesa  
 (Physician or Midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Address 29 C. E. Don

Filed May 30 19 29 Registrar

Registrar

Registrar

145-520-439

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at a birth, A SEPARATE RETURN must be made for each and the number of each in order of birth stated.