

N. E.—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.

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

State File No. 389
Registered No. 185 ✓

1. PLACE OF BIRTH
County Pima State Arizona
District or Township Maricopa or Village Sullivan No. 4 St. _____ Ward _____
City Phoenix No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ruben Harfan { If child is not yet named, make supplemental report, as directed.
3. Sex of Child M 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 Aug 14, 1929
Month Aug Day 14 Year 1929

8. FATHER
Full name Jose Jesus Harfan
9. Residence (Usual place of abode) Maricopa Arizona
If non-resident, give place and state.

14. MOTHER
Full maiden name Petra Lloberera
15. Residence (Usual place of abode) Maricopa Arizona
If non-resident, give place and state.

10. Color or race Mex
11. Age at last birthday 28 (Years)

16. Color or race Mex
17. Age at last birthday 15 (Years)

12. Birthplace (city or place) _____
(State or country) Mexico

18. Birthplace (city or place) _____
(State or country) Mexico Arizona

13. Occupation Musician
Nature of Industry

19. Occupation H W
Nature of Industry

20. Number of children of this mother 1 } (a) Born alive and now living 1
(Taken as of time of birth of child herein certified and including this child.) } (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 9:30 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 Charles E. Davis, D.O.
(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year _____
Address Maricopa Arizona
Filed Aug 20, 1929 C. E. Davis
Registrar

Registrar
965-814-711