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

State File No. 415
Registered No. _____

1. PLACE OF BIRTH

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

2. Full name of child Raquel Carrera

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

3. Sex of Child 7 To be answered ONLY in event of plural births. } 4. Twin, triplet or other..... } 6. Legitimate? yes
5. No., in order of birth..... } 7. Date of birth 8/30/29
Month Day Year

8. FATHER
Full name Feliz Carrera

14. MOTHER
Full maiden name Christina Arambula

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

15. Residence (Usual place of abode)
If non-resident, give place and state. miami

10. Color or race mex
11. Age at last birthday 34 (Years)

16. Color or race mex
17. Age at last birthday 32 (Years)

12. Birthplace (city or place).....
(State or country) mex

18. Birthplace (city or place).....
(State or country) mex

13. Occupation
Nature of industry Work Pool Hall

19. Occupation
Nature of industry H.W.

20. Number of children of this mother 8
(Taken as of time of birth of child herein certified and including this child). } (a) Born alive and now living 7
} (b) Born alive but now dead 1
} (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 alive at 5 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..... C. A. DeKee

Given name added from a supplemental report.....
Month, day, year

Address.....
(Physician or midwife)

Filed Sept 11, 29 19.....
Registrar.....

931-820-311

THIS FORM MUST BE FILED IN THE ORDER OF BIRTH STATED.