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

State File No. \_\_\_\_\_  
Registered No. 552

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village 4108 Kent St.  
City Miami No. Miami Insp. Hospital Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child John Charles Croci { 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 Nov. 21-1929  
Month Day Year

8. FATHER  
Full name John Croci

14. MOTHER  
Full maiden name Ruby Trevena

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

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

10. Color or race Cauc. 11. Age at last birthday 26 (Years)

16. Color or race Cauc. 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Salt Lake City, Utah  
(State or country)

18. Birthplace (city or place) Globe, Arizona  
(State or country)

13. Occupation Truck driver  
Nature of industry Teyaco Co.

19. Occupation Housewife  
Nature of industry

Number of children of this mother 2 (a) Born alive and now living 1  
taken as of time of birth of child herein (b) Born alive but now dead 1  
ified 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 7 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 Cyril M. Brown M.D.  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed Dec 9, 1929 L. E. Dinn  
Registrar Registrar

139 - 1121 - 931