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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 541

Registered No.

PLACE OF BIRTH

County Gila State Arizona

District or Township or Village

City Miami No. 725 Sullivan St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Estaben Salvador Robles { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Boy | 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 Juan F. Robles

9. Residence 725 Sullivan St (Usual place of abode)

If non-resident, give place and state.

10. Color or race Mexican | 11. Age at last birthday 43 (Years)

12. Birthplace (city or place) Tlalanango Sanchez

(State or country) Ramos Mexico

13. Occupation Hotel Keeper

Nature of industry

14. MOTHER

Full maiden name Josefina Lopez

15. Residence 725 Sullivan St (Usual place of abode)

If non-resident, give place and state.

16. Color or race Mexican | 17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Walsenburg

(State or country) Colorado U.S.A.

19. Occupation Housewife

Nature of industry

20. Num[illegible] [illegible]ildren of this mother 3

(Take [illegible] of birth of child herein certifi[illegible] [illegible]ling this child.)

(a) Born alive and now living 1

(b) Born alive but now dead 2

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereb[illegible] [illegible]fy that I attended the birth of this child, who was alive at 5 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 Rosa Cortez

(Physician or midwife).

Given name added from a supplemental report

Month, day, year

Address 806 Sullivan St

692-1121-132

Registrar

Filed Nov 30, 1929 [illegible]

Registrar