

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

State File No. 182a
Registered No. 352

1. PLACE OF BIRTH

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

2. Full name of child Robert Oguna
{ 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 1st
6. Legitimate? yes
7. Date of birth 12 29 - 29
Month Day Year

8. FATHER
Full name Antonio Oguna

14. MOTHER
Full maiden name Amalia Laya

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

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If non-resident, give place and state.

10. Color or race W
11. Age at last birthday 29 (Years)

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

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

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

13. Occupation Truck Driver
Nature of Industry

19. Occupation ATC
Nature of Industry

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(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 alive at 2:30 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 C. A. Perkins
(Physician or midwife).

Given name added from a supplemental report _____ Address Miami
Month, day, year _____ Filled June 12, 1930
Registrar _____ Registrar _____

961-1229-131