

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

State File No. 143<sup>a</sup>  
 Registered No. 143

**1. PLACE OF BIRTH**

County Gila State Ariz  
 District or Township Miami or Village \_\_\_\_\_

City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Chionay  
 (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 Nil  
 5. No., in order of birth \_\_\_\_\_  
 6. Legitimate? Yes  
 7. Date of birth 8-11-1927  
 Month Day Year

8. FATHER  
 Full name Cruz Sorola

14. MOTHER  
 Full maiden name Cruz Lopez

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

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

10. Color or race Mex  
 11. Age at last birthday 25 (Years)

16. Color or race Mex  
 17. Age at last birthday 23 (Years)

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

18. Birthplace (city or place) Inde Durango Mex  
 (State or country)

13. Occupation  
 Nature of Industry Miner

19. Occupation  
 Nature of Industry house wife

20. Number of children of this mother 2  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 2  
 (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 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 L. M. Castilla Bx 158  
 (Physician or midwife)

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

Filed Apr 18, 1927 L. E. Dorr  
 Registrar

421-311-332