

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

State File No. 182  
Registered No. 125

**1. PLACE OF BIRTH**

County Pinal State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami 70726 Sullivan St. Room 4 Word \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mercedes Larez (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child girl 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 Mar 27 1927  
Month Day Year

8. FATHER  
Full name Claudio Larez  
9. Residence 726 Sullivan Room 4  
(Usual place of abode)  
If non-resident, give place and state.

14. MOTHER  
Full maiden name Sara Felix  
15. Residence 726 Sullivan Rt Room 4  
(Usual place of abode)  
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 27 (Years)

16. Color or race Mexican 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Ures  
(State or country) Sonora Mexico

18. Birthplace (city or place) Santa Rosalia  
(State or country) B.C. Mexico

13. Occupation  
Nature of industry Miner

19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother 4  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 3  
(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 10 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 Sara Cortez  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Address 708 Sullivan St

Filed Apr 1, 1927 C. E. Dorr  
Registrar

Registrar

339-327-267

CORD  
\*WRITE IN BLOCK LETTERS  
If more than one child at a birth, a SEP. A.S. Form 1 must be made for each, and the number of each order of birth stated.