

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

State File No. 138
 Registered No. 141

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. _____ St. _____ Ward _____

2. Full name of child Dolores ybarra (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. _____ 6. Legitimate? yes 7. Date of birth April 7 1927
 Month Day Year

8. FATHER
 Full name Nicolas ybarra

14. MOTHER
 Full maiden name maria guterry

9. Residence (Usual place of abode) miami house No 31
 If non-resident, give place and state.

15. Residence (Usual place of abode) miami house No 31
 If non-resident, give place and state.

10. Color or race Mexican

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12. Birthplace (city or place) Temacapuli Jalisco Mexico
 (State or country)

18. Birthplace (city or place) canadon jalisco Mexico
 (State or country)

13. Occupation
 Nature of industry miner

19. Occupation
 Nature of industry Domestic

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 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 Juan de Martinez
Blacksfoot Arizona
 (Physician or midwife).

Given name added from _____ Address _____
 a supplemental report. Month, day, year _____

Filed Apr 15 1927 C. E. Dwyer
 Registrar Registrar

481-407-479

COUNTY OF BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.