

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

State File No. 144
Registered No. 154

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____
City Miami or Village _____

No. 1161 Sullivan St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Aurora Susarreta

3. Sex of Child Female 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 Apr-9-1927 (If child is not yet named, make supplemental report, as directed.)

8. FATHER Full name Victor Susarreta

14. MOTHER Full maiden name Aurora Jimy

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

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

10. Color or race Spanish 11. Age at last birthday 31 (Years)

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

12. Birthplace (city or place) Navarra Province
(State or country) Spain

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

13. Occupation Nature of industry Shoeman

19. Occupation Nature of industry Housewife

20. Number of children of this mother _____
(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 at 2 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 Lynil M. Brown, M.D.
Physician (Physician or midwife).

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

Filed May 10, 1927
A. E. Jimy
Registrar

Registrar
131-409-138

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