

PLACE OF BIRTH

1. County of Pima
 District of _____
 Town of Miami
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 172 147
 County Registrar No. 6725
 Local Registrar No. _____

2. Full name of child Cecilia Ybarra
 No. 98 Red Springs Canyon St.
 (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

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 April 19, 1927
 Month Day Year

8. FATHER
 Full name Pedro Ybarra

14. MOTHER
 Full maiden name Mercedes Mendy

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

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 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 18 (Years)

12. Birthplace (city or place) _____
 (State or country) Mexico

18. Birthplace (city or place) _____
 (State or country) Mexico

13. Occupation Miner
 Nature of Industry Copper

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 0
 (c) Stillborn 0

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 alone (Born alive or stillborn) at 1:55 4:55 m. on the date above stated

Signature J. J. Miller (Physician or midwife)
 Address Miami, Arizona

Given name added from a supplemental report. Month, day, year Apr 25, 27 Filed 1927 Local Registrar O. E. Dorn

Registrar _____ Filed _____, 19 _____ County Registrar _____

381-419-449

... e number

... order of birth stated.