ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 176A

Registered No. 192

1. PLACE OF BIRTH

County Gila

Township

City Miami No. ... or Village ... St. ... Ward

State ARIZONA

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Sofia Armendariz {If child is not yet named, make supplemental report, as directed

3. Sex Female | If plural births 4. Twin, triplet, or other ... 5. Number, in order of birth ... | 6. Premature ... Full term X | 7. Married? yes | 8. Date of birth Sept. 30, 1927 (Month, day, year)

FATHER

9. Full name Manuel Armendariz

10. Residence (usual place of abode) (If non-resident, give place and State) Miami

11. Color or race White | 12. Age at last birthday 41 (Years)

13. Birthplace (city or place) Chihuahua (State or country) Mex

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank etc. various

16. Date (month and year) last engaged in this work ... 19...

17. Total time (years) spent in this work ...

MOTHER

18. Full maiden name Annie Organ Armendariz

19. Residence (usual place of abode) (If non-resident, give place and State) Miami

20. Color or race White | 21. Age at last birthday 36 (Years)

22. Birthplace (city or place) Pinetes (State or country) Texas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

25. Date (month and year) last engaged in this work ... 19...

26. Total time (years) spent in this work ...

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0

28. If stillborn, period of gestation ... {months or weeks

29. Cause of stillbirth ... {Before labor ... During labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ... (Born alive or stillborn) at ... m. on the date above stated

{When there was no attending physician or midwife, then the father, householder, etc., should make this return

Given name added from a supplemental report 219 9/3 119 (Date of ...)

(Signed) Guadaloupe Lozoya M.D.

or prefect by Harry R. Hudson Midwife

Address Justice of Peace Miami

Filed Nov. 25, 1936 C. M. Cron Registrar.

Registrar.

10M 9-26-35 1m 2A