

PLACE OF BIRTH

AMENDMENT ATTACHED

6-30-67
JW

ARIZONA STATE BOARD OF HEALTH

1. County of Dela

District of _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 139County Registrar No. 443

Local Registrar No. _____

No. 733 Pine Oak St. Ward

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

2. Full name of child Elena Caro { If child is not yet named, make supplemental report, as directed.3. Sex of Child male 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 Dec 16 1927 Month Day Year8. FATHER
Full name Victor Caro14. MOTHER
Full maiden name Mercedes Sanchez9. 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 Mexican 11. Age at last birthday 43 (Years)16. Color or race Mexican 17. Age at last birthday 38 (Years)12. Birthplace (city or place) Mexico
(State or country)18. Birthplace (city or place) Mexico
(State or country)13. Occupation miner (Copper)
Nature of Industry19. Occupation Housewife
Nature of Industry20. 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 8 (b) Born alive but now dead 5 (c) Stillborn 021. 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 5:05 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 J. J. [unclear] (Physician or midwife)
Address Miami, ArizonaGiven name added from a supplemental report. Filed Oct 25, 27 1927 Local Registrar.

Month, day, year

Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

436-1016-429