ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 140

Registered No. 447

1. PLACE OF BIRTH

County Gila State Arizona

District or Township Wheatfields or Village

City Miami No. St. Ward

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

2. Full name of child Dolores Sarmiento (If child is not yet named, make supplemental report, as directed.)

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 October 16-1927 (Month Day Year)

8. FATHER

Full name Constantino Sarmiento

9. Residence (Usual place of abode) Wheatfields, Arizona

If non-resident, give place and state.

10. Color or race Spainard | 11. Age at last birthday 53 (Years)

12. Birthplace (city or place) Galicia

(State or country) Spain

13. Occupation Rancher

Nature of industry

14. MOTHER

Full maiden name Maria Hernandez

15 Residence (Usual place of abode) Wheatfields Arizona

If non-resident, give place and state.

16 Color or race Mexican | 17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Santa Maria Del Oro

(State or country) Durango - Mexico

19. Occupation Housewife

Nature of industry

20. Number of children of this mother 3

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2

(b) Born alive but now dead 1

(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 Born Alive (Born alive or stillborn.) at 9 11 H. m. on the date above stated

*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 Charles E. Irvin M.D.

Miami Arizona (Physician or midwife).

Given name added from a supplemental report

Month, day, year

Address

Filed Oct 25, 1927 C E Irvin

Registrar

Registrar

426-1016-489