

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 130

Registered No. 117

1. PLACE OF BIRTH

County Esila State Arizona
 District or Township _____ or Village _____
 City Miami No. 3610 Loomis Ave St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jesus Horta
If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>March 2 - 1930</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
 Full name Juan Horta
 9. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Guadalupe Leico
 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 38 (Years)

15. Color or race Mexican
 17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Parral-Guadalupe
 (State or country) Mexico

18. Birthplace (city or place) Yecora
 (State or country) Sonora - Mexico

13. Occupation
 Nature of industry Journeyman

19. Occupation
 Nature of industry house wife

20. Number of children of this mother. <u>7</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>7</u>	21. Were precautions taken against ophthalmia neonatorum. <u>Yes</u>
	(b) Born alive but now dead <u>0</u>	
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4 a m. on the date above stated.
(Born alive or stillborn)

Signature J. J. Gomez, Arizona M.D.
* 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.

Given name added from supplemental report _____ Address Box 1666 Miami Arizona
 Month, day, year _____

Filed March 30 1930 Registrar. R. G. ...

1930 - 300 - 736