

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

199
State File No. 151
Registered No. 151

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City miami No. 733 Live Oak St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Esther Caro } 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. _____ } 6. Legitimate? yes } 7. Date of birth March 25 1920
5. No., in order of birth. 405 } Month Day Year

8. FATHER
Full name Victor Caro

14. MOTHER
Full maiden name Mercedes Sanchez

9. 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

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11. Age at last birthday 42 (years)

17. Age at last birthday 38 (years)

12. Birthplace (city or place) Georgetown
(State or country) New Mexico

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

13. Occupation Miner
Nature of Industry Copper

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother. _____ } (a) Born alive and now living. 10
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead. 6
} (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 alive at 11:30 a.m. on the date above stated.
(Born alive stillborn)

Signature J. J. Miller
(Physician midwife)

Given name added from a supplement report _____ Address Miami, Arizona
Month, day, year _____ Filed Jul 30 1920 Registrar C. C. Tom

536-378-428