

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____

1. PLACE OF BIRTH

County Sila State _____
Township _____ or Village _____
City Christman No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

Mah If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth Sept 19, 1930
5. Number, in order of birth _____ Full term _____

9. Full name of FATHER Sabuel Soto
10. Residence (usual place of abode) Christman
(If nonresident, give place and State)
11. Color of hair Brown 12. Age at last birthday 34 (Years)
13. Birthplace (city or place) Arizona
(State or country)
14. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper
16. Date (month and year) last engaged in this work Sept 19, 1930

18. Full maiden name of MOTHER Clemente Gabriel
19. Residence (usual place of abode) Christman
(If nonresident, give place and State)
20. Color of hair Brown 21. Age at last birthday 23 (Years)
22. Birthplace (city or place) San Francisco
(State or country)
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. _____
25. Date (month and year) last engaged in this work Sept 19, 1930
26. Total time (years) spent in this work 2

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

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 _____ at 10:15 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.

(Signed) Charles H. Hark, M. D.
or _____, Midwife

Given name added from a supplemental report _____ (Date of) _____

Address _____
Filed Oct 8, 1930 P. J. Hutton
Registrar.

Registrar.

526-93-373

THIS FORM IS TO BE FILLED IN BY THE REGISTRAR OR AN ASSISTANT REGISTRAR IN ORDER OF BIRTH STATED. MUST BE MADE FOR EACH, AND THE NUMBER OF EACH