ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 108A

Registered No. 118

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 902 Geronimo Trail St. ..... Ward

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

2. Full name of child Aurora Soto (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 Apr. 20 - 1932 (Month Day Year)

8. FATHER

Full name Carlos Soto

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

10. Color or race Mex

11. Age at last birthday 37 (Years)

12. Birthplace (city or place) Sonora

(State or country) Mex

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Pilar Flores

15. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

16. Color or race Mex

17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Tucson

(State or country) Arizona

19. Occupation

Nature of industry Housewife

20. Number of children of this mother ..... (Taken as of time of birth of child herein certified and including this child.) 3

(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 at 4:30 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 Cyril M. Crow M.D.

(Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report ..... Month, day, year

Filed May 20, 1932 [signature] Registrar

Registrar

126-420-762

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.