# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 141
Registered No.

1. PLACE OF BIRTH

County Gila State
Township or Village
City Chrystmas St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex Female | If plural births { 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate Yes | 8. Date of birth March 10, 1932 (Month, day, year)

| FATHER | MOTHER |
|---|---|
| 9. Full name Gabriel Soto | 18. Full maiden name Clementia Dubiel |
| 10. Residence (usual place of abode) (If nonresident, give place and State) Hayden Ariz | 19. Residence (usual place of abode) (If nonresident, give place and State) Chrystmas |
| 11. Color or race Mex | 20. Color or race Mex |
| 12. Age at last birthday 37 (Years) | 21. Age at last birthday 24 (Years) |
| 13. Birthplace (city or place) Morar (State or country) Sonora Mex | 22. Birthplace (city or place) Guinostrietto (State or country) Sonora Mex |
| OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner | OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Wife |
| 16. Date (month and year) last engaged in this work, 19 | 25. Date (month and year) last engaged in this work, 19 |
| 17. Total time (years) spent in this work | 26. Total time (years) spent in this work |

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 1 (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 (Born alive or stillborn) at 8 12 p m. on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles B. Hutchison
or Midwife
Address

Given name added from a supplemental report 920-523-143 (Date of)

Registrar

Filed June 10 1932 P. H. Stone Registrar