ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 83a

Registered No. 57

1. PLACE OF BIRTH

County Gila State Ariz

District or Township _____ or Village _____

City Globe No. _____ St. _____ Ward

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

2. Full name of child Carolina M. Soltero (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 6-7-33 (Month Day Year)

8. FATHER

Full name Roberto Soltero

9. Residence (Usual place of abode) Globe

If non-resident, give place and state. Ariz.

10. Color or race Mexican | 11. Age at last birthday 40 (Years)

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

13. Occupation Nature of industry Miner

14. MOTHER

Full maiden name Carolina Soltero

15. Residence (Usual place of abode) Globe

If non-resident, give place and state. Ariz

16. Color or race Mexican | 17. Age at last birthday 21 (Years)

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

19. Occupation Nature of industry Housewife

20. Number of children of this mother 7 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 7
(b) Born alive but now dead 0
(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 1:40 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 T C Harper

Physician (Physician or midwife).

Address Globe, Ariz

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

Registrar

Filed 8/1 1933 L. E. Wightman M.D. Registrar

326-607-326

Order of birth stated.