

PLACE OF BIRTH  
 County of Pima ARIZONA STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS State Index No. 200  
 District of \_\_\_\_\_ ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 658  
 Town of \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City of Miami (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Full Name of Child Guavita Lassito } Born } NO  
 child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } YES

Sex of child <u>Female</u>	Twin, Triplet or other _____	and	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Nov-20-1917</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Name <u>Juan Lassito</u>			Full Maiden Name <u>E. Marcus</u>		
Residence <u>Miami, Ariz</u>			Residence <u>Miami Ariz</u>		
Race <u>white</u> Age at last Birthday <u>26</u> (Years)			Color <u>white</u> Age at last Birthday <u>240</u> or Race <u>Mexican</u> (Years)		
Birthplace <u>Mexico</u>			Birthplace <u>Mexico</u>		
Occupation <u>Laborer</u>			Occupation <u>housewife</u>		
Number of children of this mother <u>7</u>	Number of Children, of this mother, now living <u>5</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on Nov 25 1917 at 8 AM.

\*When there is no attending physician or midwife, then the householder could make this return.

(Signature) T. H. Slaughter  
(Attending physician, midwife, householder,\*)

Sex or Christian name added from a \_\_\_\_\_

Supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address 200 1st St  
Filed Dec 2 1917

W. B. Brayton  
LOCAL REGISTRAR

136-1125-546  
COUNTY REGISTRAR.

A True Copy  
Filed 11/30 1917

B. G. Joy  
COUNTY REGISTRAR.