

193 A V

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Hila
District of _____
Town of Miami
or
City of _____ (No. _____ St. _____ Ward)

ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____
Co. Registrar's No. 96
Local Registrar's No. _____

FULL NAME OF CHILD Margarita Soldana Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive

Sex of Child Female Twin, Triplet or other _____ and Number in order of birth 7 Legitimate? yes Date of Birth Jan. 25 - 1920
Month Day Yr.

FATHER
Full Name Guillermo Soldana
Residence Miami - Ariz.
Color or Race Mex Age at last Birthday 31 Years
Birthplace Zacatecas - Mexico
Occupation Smeltingman

MOTHER
Full Maiden Name Alexandria Guzman
Residence Miami - Arizona
Color or Race Mex Age at last Birthday 29 Years
Birthplace Coahuila, Mexico
Occupation Housewife

Number of child of this Mother 7 Number of Children, of this mother, now living 4 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Jan. 25, 1920, at 3:20 A.M.

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

Signature Cyril M. Cron M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191 _____

Address Miami - Ariz.

421-125-125
COUNTY REGISTRAR.

Filed 2/2/20 191 _____
Filed Mar 5 1920

A True Copy
LOCAL REGISTRAR.
COUNTY REGISTRAR.