247

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 279

Co. Register No. 486

## ORIGINAL CERTIFICATE OF BIRTH

Local Registrar's No.

(No. 3500 Loomis Ave St; Ward)

FULL NAME OF CHILD Ascunsion Soto

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born / Alive YES ~~NO~~

| Sex of Child | Twin, Triplet or other | and | Number in order of birth | Legitimate? | Date of Birth |
|---|---|---|---|---|---|
| Female | | | | yes | Aug. 15, 1920 (Month) (Day) (Yr.) |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | José Soto | Full Maiden Name | Apolinar Caldera |
| Residence | Miami, Ariz | Residence | Miami, Ariz. |
| Color or Race | Mexican | Color or Race | Mexican |
| Age at last Birthday | 22 (Years) | Age at last Birthday | 17 (Years) |
| Birthplace | Mexico | Birthplace | Mexico |
| Occupation | Furnace man in copper smelter | Occupation | Housewife |

Number of child of this mother 2 | Number of Children, of this mother, now living 2 | 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 occured on Aug. 15 1920, at 11:10 A. M.

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

(Signature) F. F. Miller

(Attending physician, ~~midwife~~, ~~householder~~.*)

Given or Christian name added from a supplemental report 191

Address Miami, Ariz

Filed 8/16 1920

T H Slaughter

LOCAL REGISTRAR.

126-815-121

COUNTY REGISTRAR.

A True Copy

Filed 8-20 1920.

B. G. Fox

COUNTY REGISTRAR.