

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

1. County of Yuma
District of _____
Town of Miami
or _____
City of _____

State Index No. 140
Co. Registrar No. 167
Local Registrar No. _____

No. 69 1/2 Davis Canon St. _____ Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ambaro Cubria } If child is not yet named, make supplemental report, as directed

3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. 5. No., in order of birth <u>2</u>	6. Legitimate? <u>yes</u>	7. Date of birth <u>March 10-1923</u> (Month, day, year)
8. FATHER Full name <u>Mmanuel P. Cubria</u>		14. MOTHER Full maiden name <u>Nestora Ruiz</u>		
9. Residence (Usual place of abode) <u>Miami-Ariz.</u> If nonresident, give place and State		15. Residence (Usual place of abode) <u>Miami-Ariz.</u> If nonresident, give place and State		
10. Color or race <u>Spanish</u>	11. Age at last birthday <u>28</u> (Years)	16. Color or race <u>Span-</u>	17. Age at last birthday <u>18</u> (Years)	
12. Birthplace (city or place) <u>Sanctander</u> (State or country) <u>Spain</u>		18. Birthplace (city or place) <u>Baja Cal</u> (State or country) <u>Mex</u>		
13. Occupation Nature of Industry <u>Miner</u>		19. Occupation Nature of Industry <u>Housewife</u>		
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) } <u>2</u>		(a) Born alive and now living <u>2</u> (b) Born alive but now dead _____ (c) Stillborn _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 3:30 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 E. M. Cron M.D. (Physician or midwife)
Address Miami-Ariz.

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

Filed Feb 31, 1923 C. E. Quinn Local Registrar.
Filed 4-5, 1923 B. G. Fox County Registrar.

Registrar. 131-310-599