

201

MARGIN RESERVED FOR BIRTH RECORD  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

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

1. County of Pima State Index No. 181  
District of \_\_\_\_\_ County Registrar No. 90  
Town of \_\_\_\_\_ Local Registrar No. \_\_\_\_\_  
City of Miami No. Scary Canyon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Soorro Soozaly } 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. Legitimate? Yes 6. Date of birth Jan-28-1924  
Month day year

8. FATHER Full name <u>Marcio Soozaly</u>	14. MOTHER Full maiden name <u>Maria Abril</u>
9. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and state
10. Color or race <u>Mexican</u>	16. Color or race <u>Mexican</u>
11. Age at last birthday <u>33</u> (Years)	17. Age at last birthday <u>31</u> (Years)
12. Birthplace (city or place) <u>Aetna Texas</u> (State or country)	18. Birthplace (city or place) <u>Mexico</u> (State or country)
13. Occupation <u>Miner</u> Nature of industry	19. Occupation <u>House wife</u> Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 5  
(b) Born alive but now dead 2  
(c) Stillborn none

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 \_\_\_\_\_ at 5:39 p. 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 evidences of life after birth.  
Given name added from \_\_\_\_\_  
a supplemental report \_\_\_\_\_  
Month, day, year.

Signature D. J. Jotef m.d.  
(Physician or midwife)  
Address Miami Arizona  
Filed Jan 31 1924 Le. G. Iron Local Registrar.  
Filed 2/3 1924 B.S. Iron County Registrar.

Registrar.

1459 - 128 - 413