

2015

in order of birth stated, and the number of each.

### ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 152  
County Registrar No. 738  
Local Registrar No. \_\_\_\_\_

PLACE OF BIRTH  
1. County of Esala  
District of \_\_\_\_\_  
Town of Miami  
or  
City of \_\_\_\_\_

2. Full name of child Maria Socorro de La Paz (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
No. 69 Miami Ave St. \_\_\_\_\_ Ward \_\_\_\_\_

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth 1st 6. Legitimate? Yes Date of birth Sept-19-1924 Month Sept day 19 year 1924

8. FATHER  
Full name Francisco de La Paz

14. MOTHER  
Full maiden name Conception Mercado

9. Residence (Usual place of abode) Miami, Ariz  
If nonresident, give place and state \_\_\_\_\_

15. Residence (Usual place of abode) Miami, Ariz  
If nonresident, give place and state \_\_\_\_\_

10. Color or race Mexican

16. Color or race Mexican

11. Age at last birthday 26 (Years)

17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Mexico  
(State or country) \_\_\_\_\_

18. Birthplace (city or place) Mexico  
(State or country) \_\_\_\_\_

13. Occupation Laborer  
Nature of industry \_\_\_\_\_

19. Occupation House wife  
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 1 (b) Born alive but now dead None (c) Stillborn 0 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 \_\_\_\_\_ (Born alive or stillborn) at 8:30 p.m. on the date above stated.

Signature R. J. J. J. J. (Physician or midwife)  
Address Miami, Ariz  
Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_  
Filed 9-30 1924 \_\_\_\_\_ Local Registrar.  
Filed 10-6 1924 \_\_\_\_\_ County Registrar.

449-919-346