1124

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

State Index No. 153

County Registrar No. 883

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of 19

Town of Miami

or

City of ..... No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Diego Soto — If child is not yet named, make supplemental report, as directed.

3. Sex of Child: boy — To be answered ONLY in event of plural births.

4. Twin, triplet or other .....

5. No., in order of birth .....

6. Legitimate?

7. Date of birth: Nov. 10 1924 (Month, day, year)

8. FATHER

Full name: Jose Soto

9. Residence (Usual place of abode): Miami

If nonresident, give place and state

10. Color or race: Mexican

11. Age at last birthday: 37 (Years)

12. Birthplace (city or place): San Miguel

(State or country): Sacatecas

13. Occupation: Makenic

Nature of industry

14. MOTHER

Full maiden name: Sipriana Lopes

15. Residence (Usual place of abode): Miami

If nonresident, give place and state

16. Color or race: Mexican

17. Age at last birthday: 38 (Years)

18. Birthplace (city or place): Tepi

(State or country): Jalisco

19. Occupation: Domestic

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: 8

(b) Born alive but now dead: 2

(c) Stillborn

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 8.20 m. on the date above stated.

(Born alive [redacted].)

*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.

Signature: Juana Martinez (Physician or midwife)

Address: Clay Pool Arizona

Given name added from a supplemental report ..... Month, day, year.

Filed Nov 30, 1924 — C. E. [illegible] Local Registrar.

Filed DEC 5, 1924 — B. G. [illegible] County Registrar.

Registrar.

426-1110-232