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PLACE OF BIRTH

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

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

State Index No. 168
County Registrar No. 989
Local Registrar No. _____

2. Full name of child Victorino Solano
(If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth Dec. 14 1924
Month day year

8. FATHER
Full name Espiridion Solano
9. Residence (Usual place of abode) Miami, Ariz.
If nonresident, give place and state
10. Color or race Met.
11. Age at last birthday 44 (Years)

14. MOTHER
Full maiden name Maria Paz
15. Residence (Usual place of abode) Miami, Arizona
If nonresident, give place and state
16. Color or race Met.
17. Age at last birthday 31 (Years)

12. Birthplace (city or place) Sinaloa, Mex.
(State or country)
13. Occupation
Nature of industry Carpenter

18. Birthplace (city or place) La Paz, Baja, Calif.
(State or country)
19. Occupation
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 6
(b) Born alive but now dead _____
(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 born at 10 P. on the date above stated.
(Born alive or stillborn.)

Signature Cyril M. Brown, M.D.
(Physician or midwife)
Address Miami, Arizona

Filed Dec 31, 1924 W. E. Drou Local Registrar.
Filed 1-5 1925 B. J. Fox County Registrar.

In order of birth stated.

526-1214-479