

## PLACE OF BIRTH

1. County of Hila  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 173  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 66

No. 3500 Turkey Shoals Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Soto { 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 May 6, 1925  
 Month Day Year

8. FATHER

Full name Jose Soto

9. Residence (Usual place of abode) Miami, Ariz.  
 If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Durango, Mex.  
 (State or country)

13. Occupation  
 Nature of industry Miner

14.

MOTHER

Full maiden name Pola Caldera

15. Residence (Usual place of abode) Miami, Ariz.  
 If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Durango, Mex.  
 (State or country)

19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother } (a) Born alive and now living 4  
 (Taken as of time of birth of child herein } (b) Born alive but now dead 1  
 certified and including this child.) } (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 4A. 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 Lynil M. Brown, M.D. (Physician or midwife)  
 Address Miami, Arizona

Given name added from a supplemental report. Filed May 23, 1925 C. E. Davis  
 Month, day, year Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

126-506-731

WRITE PLAIN. 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.