

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 132County Registrar No. 873

Local Registrar No. \_\_\_\_\_

2. Full name of child Gustavo Soto

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

{ 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 \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Oct. 1, 1926  
Month Day Year

8. FATHER

Full name Filipe Soto9. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

10. Color or race Mex.11. Age at last birthday 30 (Years)12. Birthplace (city or place) Chihuahua(State or country) Mex.13. Occupation MinerNature of industry Mining

14. MOTHER

Full maiden name Nabor Montenez15. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

16. Color or race Mex.17. Age at last birthday 23 (Years)18. Birthplace (city or place) Ourango,(State or country) Mex.19. Occupation Housewife

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 \_\_\_\_\_  
(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 2 40 A. m. on the date above stated  
(Born alive or stillborn.)Signature Leyril M. Brown M.D. (Physician or midwife.)Address Miami, Ariz.Given name added from a supplemental report. Filled Nov 4, 1926 Le. E. Jim Local Registrar.

Month, day, year

Local Registrar.

Registrar

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

County Registrar.

726-1001-549