

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

PLACE OF BIRTH

1. County of Gila

District of _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 119

County Registrar No. _____

Local Registrar No. 1000

No. 3410 Turkey Shoat Canon Ward _____
(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.

2. Full name of child Soosara Aorta

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 Nov 2 1926
Month Day Year

5. No., in order of birth _____

8. FATHER
Full name Juan Aorta

14. MOTHER
Full maiden name Guadalupe Chico

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

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

10. Color or race Mexican
11. Age at last birthday 39 (Years)

16. Color or race Mexican
17. Age at last birthday _____ (Years)

12. Birthplace (city or place) Chihuahua
(State or country)

18. Birthplace (city or place) Hermosillo Sonora
(State or country) Mexican

13. Occupation Driver
Nature of Industry _____

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 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 alive at 4 a m. on the date above stated
(Born alive or stillborn.)

Signature Byrd M. Larson M.D. (Physician or midwife).
Address Miami, Arizona

Given name added from a supplemental report. Filed Jan 11 1927 R. E. Davis Local Registrar.
Month, day, year

Registrar _____ 19 _____ County Registrar.

251-1102-736