

... in case of more than one child at a birth, a SEPARATE KEEPER MUST BE KEPT FOR EACH, WITH THE NUMBER OF CHILD IN ORDER OF BIRTH ENTERED.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Cochise

District of _____

Town of Inspiration

or _____

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 117

County Registrar No. 953

Local Registrar No. _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Katalia Souzales
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female 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 Dec-1-1926
Month Day Year

8. FATHER
Full name Pablo Souzales

14. MOTHER
Full maiden name Mercedes Martinez

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

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

10. Color or race Mexican 11. Age at last birthday 27 (Years)

16. Color or race Mexican 17. Age at last birthday 23 (Years)

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

18. Birthplace (city or place) Mexico
(State or country)

13. Occupation miner
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 1
(b) Born alive but now dead None
(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 or ~~born~~.) at 3 P. m. on the date above stated

* 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 _____
Address _____

Given name added from a supplemental report _____ Filed Jan 3 1927
Month, day, year _____ Local Registrar _____

Registrar _____ Filed _____ 19 _____ County Registrar _____

572-1201-449