

SUPPLEMENT ATTACHED
ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 STANDARD CERTIFICATE OF BIRTH

State File No. 159
 Registered No. 67

1. PLACE OF BIRTH

County Bila State Arizona

District or Township _____ or Village _____

City Miami No. 505 B. Orphan St. _____ Ward _____

2. Full name of child Catalina Baltierra (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 Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? Yes 7. Date of birth II-13-1928
 Month Day Year

8. FATHER
 Full name Antonio Baltierra

14. MOTHER
 Full maiden name Ciria Zavala

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

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

10. Color or race Mexican

11. Age at last birthday 22 (Years)

16. Color or race Mexican

17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Somez Palacio
Cochabamba
 (State or country)

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

13. Occupation Journeyman
 Nature of industry

19. Occupation Housewife
 Nature of industry

Number of children of this mother 2
 (a) Born alive and now living 2
 (b) Born alive but now dead _____
 (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:10 p. 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 J. Jimenez Alvares M.D.
1666 Miami Ave
 (Physician or midwife).

Given name added from a supplemental report _____ Address _____
 Month, day, year

Filed Jul 25, 1928 C. E. Damm
 Registrar

order of birth stated.

N. B. - In case of late return

671-213-221