

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 143a  
Registered No. 179

1. PLACE OF BIRTH

County Deira State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 3616 Doomis av. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ernesto Horta (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  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth April-18-1928  
Month Day Year

8. FATHER  
Full name Juan Horta

14. MOTHER  
Full maiden name Guadalupe Lebrico

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

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If non-resident, give place and state.

10. Color or race mexican  
11. Age at last birthday 37 (Years)

16. Color or race mexican  
17. Age at last birthday 32 (Years)

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

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

13. Occupation journeyman  
Nature of industry

19. Occupation house wife  
Nature of industry

20. Number of children of this mother 7  
(Taken as of time of birth of child herein certified and including this child).  
(a) Born alive and now living 7  
(b) Born alive but now dead 4  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum.  
Probargol

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was Born alive at 6 a.m. on the date above stated.  
(Born alive or stillborn)

Signature J. Jimenez Alvarado M.D.  
(Physician or midwife)

Given name added from \_\_\_\_\_ Address Box 1666 Miami Arizona  
a supplemental report. Month, day, year

Filed May 12 1928 Registrar K. C. Jones  
Registrar. 581-418-736