

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**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 1390  
 Registered No. 250

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 3113 Turkey Shoot St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Manuela Soto { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <u>yes</u>	7. Date of birth <u>June 7 - 1928</u>
		5. No., in order of birth.....		Month Day Year

**8. FATHER**  
 Full name Ramon Soto  
 9. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state.  
 10. Color or race Mex.  
 11. Age at last birthday 37 (Years)  
 12. Birthplace (city or place) Chihuahua Mex.  
 (State or country)  
 13. Occupation  
 Nature of industry Miner

**14. MOTHER**  
 Full maiden name Angela Montez  
 15. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state.  
 16. Color or race Mex.  
 17. Age at last birthday 24 (Years)  
 18. Birthplace (city or place) Durango Mex.  
 (State or country)  
 19. Occupation  
 Nature of industry Housewife

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... <u>1</u> (b) Born alive but now dead..... (c) Stillborn.....	21. Were precautions taken against ophthalmia neonatorum. <u>Yes</u>
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \***

I hereby certify that I attended the birth of this child, who was born alive at 9 A. 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 Loyal M. Brown M.D.  
Physician  
 (Physician or midwife).

Given name added from \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_  
 Filed June 15 1928  
 Registrar. L. E. Tom Registrar.

426-607-149