

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 157  
 Registered No. 410

1. PLACE OF BIRTH

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 1161 Sullivan St St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Sofia Mata { 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  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth Sept. 18-1928  
 Month Day Year

8. FATHER  
 Full name Eulogio Mata  
 9. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona  
 10. Color or race Mex  
 11. Age at last birthday 33 (Years)  
 12. Birthplace (city or place) Homez Palacio  
 (State or country) Chih. & Mex.  
 13. Occupation  
 Nature of industry Miner

14. MOTHER  
 Full maiden name Germana Dominguez  
 15. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona  
 16. Color or race Mex.  
 17. Age at last birthday 35 (Years)  
 18. Birthplace (city or place) Sonora  
 (State or country) Mex.  
 19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother 8  
 (Taken as of time of birth of child herein certified and including this child). } (a) Born alive and now living 8  
 (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 1 A m. on the date above stated.  
(Born alive or stillborn)

Signature Byril M. Cronin, M.D.  
Physician  
(Physician or midwife).

Given name added from a supplemental report. \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed Sept 25, 19 28 R. E. Jones  
 Registrar. Registrar.

241-918-749

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each order of birth stated.