

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

State File No. 175 458
Registered No. 175 458

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 804 Pine Oak St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Soccorra Linares (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 Oct. 20-1928
Month Day Year

8. FATHER
Full name Rafael Linares
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 26 (Years)
12. Birthplace (city or place) Sinaloa, Mex.
(State or country)
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Victoria Lopez
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 20 (Years)
18. Birthplace (city or place) Sinaloa, Mex.
(State or country)
19. Occupation
Nature of industry Housewife

20. Number of children of this mother 2 } (a) Born alive and now living 2 } 21. Were precautions taken against ophthalmia neonatorum. yes
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead _____ }
(c) Stillborn _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:50 P. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M.D.
Physician
(Physician or midwife)

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

Registrar. Filed Nov 3 1928 Registrar.

232-1020-539