

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

State File No. 16519  
 Registered No. 247

PLACE OF BIRTH  
 County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 733 Live Oak St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 Full name of child Ernesto Caro (If child is not yet named, make supplemental report, as directed.)

Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	6. Legitimate? <u>yes</u>	7. Date of birth Month Day Year <u>Dec 22 1928</u>
		5. No., in order of birth _____		

**FATHER**  
 Full name Victor Caro  
 Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state.  
 Color or race Mexican  
 11. Age at last birthday 40 (Years)  
 Birthplace (city or place) \_\_\_\_\_  
 (State or country) New Mexico  
 Occupation Miner  
 Nature of Industry Copper

**MOTHER**  
 Full maiden name Mercedes Sanchez  
 15. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state.  
 16. Color or race Mexican  
 17. Age at last birthday 32 (Years)  
 18. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Mex. Co  
 19. Occupation Housewife  
 Nature of Industry \_\_\_\_\_

20. Number of children of this mother <u>1</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	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 alive at 12:15 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. J. Miller  
 \_\_\_\_\_  
(Physician or midwife)

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

Filed June 11 1929  
L. E. Jones  
 Registrar

536-1222-429