

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

State File No. 187 V  
57A  
Registered No.

1. PLACE OF BIRTH

County Mila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 1520 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

Thomas Ybarra

{ 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

5. No., in order of birth

6. Legitimate?

yes

7. Date

of birth Dec 29-1928  
Month Day Year

8.

FATHER

Full name

Seferino Ybarra

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami,  
Arizona.

10. Color or race

Mex

11. Age at last birthday 28 (Years)

12. Birthplace (city or place)

(State or country)

Zacatecas  
Mex

13. Occupation

Nature of industry

Miner

14.

MOTHER

Full maiden name

Ursula Cervantes

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami,  
Arizona.

16. Color or race

Mex.

17. Age at last birthday 27 (Years)

18. Birthplace (city or place)

(State or country)

Zacatecas  
Mex.

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.)

4

(a) Born alive and now living 4

(b) Born alive but now dead 0

(c) Stillborn 0

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 9 A. m. on the date above stated  
(Born alive or stillborn.)

Signature Cyril M. Cronin, M.D.

Physician

(Physician or midwife).

Given name added from a supplemental report

Month, day, year

Address Miami, Arizona

Filed Jan 11, 1929

C. G. Jones

Registrar

Registrar

381-1229-432