

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

State File No. 1579
 Registered No. 356

PLACE OF BIRTH

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

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

3. Sex of Child M 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 5, 10, 29
 Month Day Year

8. FATHER
 Full name Juquin Escoto

14. MOTHER
 Full maiden name Isaura Lauries

9. Residence (Usual place of abode) Miami
 If non-resident, give place and state.

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 If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 25 (Years)

16. Color or race Mex 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Mexico
 (State or country)

18. Birthplace (city or place) Mexico
 (State or country)

13. Occupation
 Nature of industry Miner

19. Occupation
 Nature of industry H. H.

20. Number of children of this mother 1
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (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 alive at 11:20 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 C. F. Perkins
 (Physician or Midwife)

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

Registrar _____ Filled Aug 10, 1929 C. E. D...
 Registrar

456-510-932

A MORE THAN ONE CHILD AT A BIRTH - order of birth stated.