

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 612

Registered No. 15611

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 721 Luis 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 Arturo Jacott (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. _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth June 21-1929
Month Day Year

8. FATHER
 Full name Federico Jacott
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona

14. MOTHER
 Full maiden name Bernardina Mendoza
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 33 (Years)

16. Color or race Mex. 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Chihuahua
(State or country) Mex.

18. Birthplace (city or place) Sonora
(State or country) Mex.

13. Occupation
 Nature of industry Miner

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 4
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 2
 (b) Born alive but now dead 2
 (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 Layla M. Brown M.D.
Physician
(Physician or midwife.)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Jan 9 30 1930 Registrar [Signature]

113-627-241

BE CAREFUL TO WRITE IN ORDER OF BIRTH STATED.