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

State File No. ....

Local Registrar's No. ....

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Christman No. .... St. .... Ward .....

(If birth occurred in a hospital or institution, give its NAME instead of street and number

If child is not yet named, make supplemental report, as directed.

2. Full name of child Engracia Soto

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 August 10<sup>th</sup> 1929 Month Day Year

8. FATHER Full name Gabriel Soto

11. MOTHER Full maiden name Christina D. Soto

9. Residence (Usual place of abode) Christman Ariz

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10. Color or race Mexican

16. Color or race French & Mex.

12. Birthplace (city or place) Movos Son, Mexico.

18. Birthplace (city or place) Cerro Prieto Son Mexico.

13. Occupation miner Nature of industry mining

19. Occupation Nature of industry

20. Number of children of this mother one (a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn.

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 am, on the date above stated.

\*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: Charles Kustner

(Physician or midwife).

Given name added from supplemental report. Month, day, year

Address

Registrar

Filed

Sept 1 1929

1929

P. J. Hilton  
Registrar

Registrar

526-810-326

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.