

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

State File No. 114
Registered No. 508

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 33 Mel. Canon St. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Santos Ybarra { If child is not yet named, 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 7. Date of birth Nov. 1 - 1929
Month Day

8. FATHER
Full name Nicolas Ybarra

14. MOTHER
Full maiden name Maria Gutierrez

9. Residence (Usual place of abode) Miami, Arizona
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 26 (Years)

16. Color or race Mex. 17. Age at last birthday 22 (Years)

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

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

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 _____

21. Were precautions taken against yes
thralmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 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 Loyd M. Brown M.D.
Physician (Physician or midwife)

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

Month, day, year _____ Filed Nov 12 1929 Registrar L. A. Brown

11-11-29-479