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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 551

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. Claypool-Ariz St., _____ Ward

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

2. Full name of child Leopoldo 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 Nov. 17 - 1929 (Month Day Year)

8. FATHER

Full name Tranquilino Ybarra

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

10. Color or race Mex. | 11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Sonora

(State or country) Mex.

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Maria Villa

15. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

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

18. Birthplace (city or place) Chihuahua

(State or country) Mex

19. Occupation

Nature of industry Housewife

20. Number of children of this mother 5

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 3

(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 (Born alive or stillborn.) at 10 15 A. m. 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 Cyril M. Crow M.D.

Physician (Physician or midwife).

Address Miami, Arizona

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

Filed Dec 9, 1929 C. E. Tinn Registrar

_____ Registrar

381-1117-451