

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No.

55

Registered No.

119

## 1. PLACE OF BIRTH

County

Cochise

State

District or Township

Bisbee

or Village

City

Bisbee

No.

P.O. Box 2213

St.

Ward

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

## 2. Full name of child

Soloda Guerra

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

## 3. Sex of Child

To be answered ONLY  
in event of plural  
births.

Female

## 4. Twin, triplet or other

## 6. Legitimate?

yes

## 7. Date

of birth

Month Day Year

Apr 15 1927

## 5. No., in order of birth

## 8.

## FATHER

Full name

Encarnacion Guerra

## 14.

## MOTHER

Full maiden name

Blora Arango

## 9. Residence

(Usual place of abode)

Bisbee

## 15. Residence

(Usual place of abode)

Bisbee

If non-resident, give place and state.

If non-resident, give place and state.

## 10. Color or race

White

## 11. Age at last birthday

40

(Years)

## 16. Color or race

Mexican

## 17. Age at last birthday

26

(Years)

## 12. Birthplace (city or place)

(State or country)

Mexico

## 18. Birthplace (city or place)

(State or country)

Mexico

## 13. Occupation

Nature of Industry

Laborer

## 19. Occupation

Nature of Industry

Housewife

## 20. Number of children of this mother

(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

## (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 Born alive at 2:30 P m. on the date above stated

(Born alive or stillborn)

Signature

C. Blum

196 Bisbee Az

(Physician or midwife).

\*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.

Given name added from a supplemental report

Month, day, year

Address

Registrar

Filed 5-9-27, 19

R B Blum

Registrar

071-415-214

If more than one child at a birth, a SEPARATE REPORT must be made for each and the number and order of birth stated.