

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 184

County Registrar No. _____

Local Registrar No. 121No. 47 Grover Canyon St. _____ Ward _____

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

2. Full name of child Natividad Lerma { 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 March 29 1927 Month Day Year8. FATHER
Full name Natividad Lerma9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.10. Color or race Mexican 11. Age at last birthday 38 (Years)12. Birthplace (city or place) Juarez Mexico
(State or country)13. Occupation Ware house man
Nature of industry Copper mine20. Number of children of this mother } (a) Born alive and now living 6
(Taken as of time of birth of child herein } (b) Born alive but now dead 2
certified and including this child.) } (c) Stillborn 014. MOTHER
Full maiden name Louisa Barrios15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.16. Color or race Mexican 17. Age at last birthday 32 (Years)18. Birthplace (city or place) Bisbee Arizona
(State or country)19. Occupation Housewife
Nature of industry21. 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 alive at 4 1/2 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 J. J. Miller (Physician or midwife)Address Miami, ArizonaGiven name added from a supplemental report. Filed March 31 1927 L. E. O'Donnell Local Registrar.

Month, day, year

Registrar

Filed _____, 19____

County Registrar.

531-329-322