

N. B.—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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma
 District of Arizona
 Town of Miami

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 154
 Co. Registrar No. _____
 Local Registrar No. 252

or
 City of Miami No. 36 Conm Mexican St. _____ Ward) _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lauriano Becerra } 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. only 1st 5. No., in order of birth. 1st 6. Legitimate? yes 7. Date of birth 15-VI-1927 (Month, day, year)

8. FATHER
 Full name Ramon Becerra

14. MOTHER
 Full maiden name Ramona Cadena

9. Residence Miami now
 (Usual place of abode)
 If nonresident, give place and State S. Juan delos Lagos

15. Residence Miami now
 (Usual place of abode)
 If nonresident, give place and State S. Juan delos Lagos

10. Color or race ordinarily Mexican

16. Color or race white

11. Age at last birthday 32 (Years)

17. Age at last birthday 22 (Years)

12. Birthplace (city or place) S. Juan delos Lagos
 (State or country) Dalisco Mex

18. Birthplace (city or place) S. Juan delos Lagos
 (State or country) Dalisco Mex

13. Occupation Miner
 Nature of Industry _____

19. Occupation house wife
 Nature of Industry _____

20. Number of children of this mother } first
 (Taken as of time of birth of child here-
 in certified and including this child.) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7 p. 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. Alvarez Aldana
 (Physician or midwife)
 Address 500 Sullivan St Miami

Given name added from a supplemental report _____
 (Month, day, year)
321-1615-931
 Registrar.
 Filed June 20, 1927 _____ Local Registrar.
 Filed _____, 19 _____ County Registrar.