ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 123

Registered No. 344

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village

City Miami No. 3225 Turkey Shoot Canon St. Ward

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

2. Full name of child Lydia Picasa { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female | 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 Aug-3-1927 (Month Day Year)

8. FATHER

Full name Inez Picasa

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

If non-resident, give place and state.

10. Color or race Mex. | 11. Age at last birthday 45 (Years)

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

13. Occupation Laborer

Nature of industry Insp. Con. Copper Co.

14. MOTHER

Full maiden name Filiberta Delgada

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 40 (Years)

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

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 10

(b) Born alive but now dead 1

(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 (Born alive or stillborn.) at 11 30 P. 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 Aug 11, 1927 C. E. Irvin Registrar

Registrar

371-803-641