

PLACE OF BIRTH

1. County of Yila

District of _____

Town of _____

or Globe

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 181

County Registrar No. _____

Local Registrar No. 229

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

2. Full name of child Alfonso Lucero } 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. _____ 6. Legitimate? Yes 7. Date of birth 10-30-1927
5. No., in order of birth. _____ Month day year5. FATHER
Full name Carlos Lucero14. MOTHER
Full maiden name Cruz Alvarez9. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state15. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state10. Color or race Mexican16. Color or race Mexican12. Birthplace (city or place) Mexico
(State or country)18. Birthplace (city or place) Mexico
(State or country)13. Occupation miner
Nature of industry19. Occupation Housewife
Nature of industry20. 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 four (b) Born alive but now dead three (c) Stillborn none 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. (Born alive or stillborn.) 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 evidences of life after birth.
Signature T. S. Harper Physician or midwife.
Address Globe, Arizona
Given name added from supplemental report _____
Month, day, year. Filed 10-31-27 Dr. J. H. Horst Local Registrar.

Registrar. _____

Filed _____ 19____

County Registrar. _____

136-1030-319

A SEPARATE RETURN must be made for each, and the number of each. In order of birth stated.