

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 Pima
 District of _____
 Town of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 107
 County Registrar No. 444
 Local Registrar No. 444

City of Mission Arizona No. 900 Live Oak
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Roberto Luis
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Boy To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes 7. Date of birth Nov. 2 1927
 5. No., in order of birth _____ Month day year

5. FATHER
 Full name Luis Liras
 9. Residence 801 Live Oak St
(Usual place of abode)
 If nonresident, give place and state _____

14. MOTHER
 Full maiden name Gregoria Santiago
 15. Residence 801 Live Oak St
(Usual place of abode)
 If nonresident, give place and state _____

10. Color or race Mexican
 11. Age at last birthday 40 (Years)

16. Color or race Mexican
 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Guajicua Jalisco Mexico
(State or country)

18. Birthplace (city or place) Guajicua Jalisco Mexico
(State or country)

13. Occupation Miner
 Nature of industry _____

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother (a) Born alive and now living 4
 (b) Born alive but now dead 2
 (c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.)

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 alive at 6 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 evidences of life after birth.
 Given name added from _____
 a supplemental report _____
 Month, day, year.

Signature Rosa Cortez
(Physician or midwife)

Address 708 Sullivan St

Filed _____ 19 _____

Registrar. _____
 Filed Nov 11 1927 Local Registrar. C. E. DODSON
 County Registrar.

942-1102-724