

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. ~~425~~ 39
 Registered No. 425

1. PLACE OF BIRTH

County Cochise State Arizona
 District or Township Bisbee or Village _____
 City Bisbee No. Columet + Arizona Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lucia Arce { 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 1 6. Legitimate? Yes 7. Date of birth Dec 13, 1927
 Month Day Year

8. FATHER
 Full name Encarnacion Arce
 9. Residence Q. K. St. Bisbee
(Usual place of abode)
 If non-resident, give place and state. Bisbee
 10. Color or race Mexican
 11. Age at last birthday 25 (Years)
 12. Birthplace (city or place) Mexico
(State or country)
 13. Occupation Miner
 Nature of Industry

14. MOTHER
 Full maiden name Ester Urquiza
 15. Residence Q. K. St. Bisbee
(Usual place of abode)
 If non-resident, give place and state. Bisbee
 16. Color or race Mexican
 17. Age at last birthday 16 (Years)
 18. Birthplace (city or place) Mexico
(State or country)
 19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (b) Born alive but now dead _____
 (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 at 1:30 a.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 [Signature]
Bisbee, Arizona Box 106.
(Physician or Midwife).

Given name added from a supplemental report _____
 Month, day, year _____
 Address _____
 Filed Feb 8, 1928 R. B. Sawyer Registrar

315-1213-546