

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

245/99

State File No. 33

Registered No. _____

1. PLACE OF BIRTH

County Hila State Arizona

District or Township _____ or Village _____

City Miami No. 21 Grover Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Becente Lemon } If child is not yet named, make supplemental report, as directed.

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	5. No., in order of birth.....	6. Legitimate? <u>yes</u>	7. Date of birth <u>Jan. 22-1930</u> Month Day Year
<u>male</u>					

8. FATHER

Full name Benite Lemon

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 35 (Years)

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

13. Occupation

Nature of Industry Miner

14. MOTHER

Full maiden name Ramon de la Cruz

15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

16. Color or race Mex.

17. Age at last birthday 29 (Years)

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

19. Occupation

Nature of Industry Housewife

20. Number of children of this mother..... } (a) Born alive and now living 4
(Taken as of time of birth of child herein } (b) Born alive but now dead 3
certified and including this child.) } (c) Stillborn 0

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 8:48 A. M. on the date above stated.
(Born alive or stillborn)

Signature Leyril M. Brown M.D.
Physician (Physician or midwife.)

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year Jan 11 30 Filed _____ 1930 Registrar W. E. Dinn

235-122-949

each in order of birth stated.