

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

State File No. 83 207  
Registered No. 83

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township Lower Miami or Village \_\_\_\_\_  
City Miami No. 33 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**

Luisa Lerma

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 Feb 27 1920  
of birth Month Day Year

**8. FATHER**  
Full name Natividad Lerma

**14. MOTHER**  
Full maiden name Luisa Barrios

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

15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, 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 36 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico

18. Birthplace (city or place) Bisbee  
(State or country) Arizona

13. Occupation Warehouse laborer  
Nature of Industry Copper mine

19. Occupation Housewife  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother 10 } (a) Born alive and now living 7  
(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 alive at 11:30 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 J. J. Miller  
mid  
(Physician or midwife.)

Given name added from \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_  
Filed Feb 28 1920 Le E. Tom  
Registrar. Registrar.

331-227-322

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each in order of birth stated.