

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 141  
Registered No. 222

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 39 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 Lola Contreras } 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 of birth May 4-1930  
Month Day Year

8. FATHER  
Full name Ascencion Contreras

14. MOTHER  
Full maiden name Ester Lara

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

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

10. Color or race Mex.

16. Color or race Mex

11. Age at last birthday 29 (Years)

17. Age at last birthday 20 (Years)

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

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

13. Occupation  
Nature of Industry Miner

19. Occupation  
Nature of Industry Housewife

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

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 30

I hereby certify that I attended the birth of this child, who was born alive at 8:30 A. m. on the date above stated.  
(Born alive or stillborn)

Signature Eyril M. Cron M.D. (Physician or midwife)

Given name added from \_\_\_\_\_ Address Miami, Arizona  
a supplement report \_\_\_\_\_ Month, day, year \_\_\_\_\_  
Filed May 12 1930 R. E. Jones  
Registrar. Registrar.

332 504-531