

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 44-93
Registered No. 44-93

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 711 Church Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child Male 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 July 17-1930
Month Day Year

FATHER
8. Full name Presiliano Lobato
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 29 (Years)
12. Birthplace (city or place) Clifton Ariz.
(State or country)
13. Occupation
Nature of Industry Miner

MOTHER
14. Full maiden name Luz Lugo
15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state. Arizona
16. Color or race Mex
17. Age at last birthday 19 (Years)
18. Birthplace (city or place) Chihuahua Mex.
(State or country)
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 1 } (a) Born alive and now living 0
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0
(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 7:15 P. m. on the date above stated.
(Born alive or stillborn)

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

Given name added from _____ Address Miami, Arizona
Month, day, year _____ Filed July 20 1930 Registrar W. E. Jones

336-717-336

such in order of birth stated.