

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

State File No. 42
 Registered No. 41

1. PLACE OF BIRTH

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

2. Full name of child Mammel Lucero
 (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. 2 6. Legitimate? yes 7. Date of birth April 9, 1931
 Month Day Year

8. FATHER Full name Carlos Lucero 14. MOTHER Full maiden name Isabel Rodriguez

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

10. Color or race Mexican 11. Age at last birthday 35 (Years) 16. Color or race Mexican 17. Age at last birthday 35 (Years)

12. Birthplace (city or place) Mexico 18. Birthplace (city or place) Mexico
 (State or country) (State or country)

13. Occupation Laborer 19. Occupation Housewife
 Nature of Industry Nature of Industry

20. Number of children of this mother male (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead male (c) Stillborn male 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 6:05 p.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 T. C. Harper (Physician or midwife)
Physician

Address Globe, Arizona

Given name added from a supplemental report _____
 Month, day, year _____
 Filed 5/7 1931 G. C. Weyburn Registrar

436-1409-807

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.