

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

State File No. 98  
 Registered No. 45

**1. PLACE OF BIRTH**

County Gila State Ariz.  
 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 Beatriz Lara  
(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 5-5-1931  
 Month Day Year

**8. FATHER**  
 Full name Juan Lara

**14. MOTHER**  
 Full maiden name Leonides Soltero

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

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

10. Color or race Mex.  
 11. Age at last birthday 32 (Years)

16. Color or race Mex.  
 17. Age at last birthday 39 (Years)

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

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

13. Occupation Insurance Agent  
 Nature of Industry

19. Occupation Housewife  
 Nature of Industry

20. Number of children of this mother 6  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 6  
 (b) Born alive but now dead \_\_\_\_\_  
 (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 3: A. m. on the date above stated.  
(Born alive or stillborn.)

Signature T. C. Harper \_\_\_\_\_  
 \_\_\_\_\_  
(Physician or midwife)

Address Globe, Ariz.

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Filled 6/9 1931 Sh. E. Weylman  
 Registrar \_\_\_\_\_ Registrar

231-505-326

order of birth stated.