

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

State File No. **134**  
 Registered No. **95**

1. PLACE OF BIRTH  
 County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City \_\_\_\_\_ No. 3818-Turkey Shoot St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 2. Full name of child Jose Lara } 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 } 7. Date March 19 1932  
 of birth \_\_\_\_\_ Month Day Year

8. FATHER  
 Full name Gidoro Lara  
 9. Residence (Usual place of abode) Miami Ariz  
 If non-resident, give place and state.  
 10. Color or race Mex.  
 11. Age at last birthday? (Years) \_\_\_\_\_  
 12. Birthplace (city or place) (State or country) Mexico  
 13. Occupation  
 Nature of Industry \_\_\_\_\_

14. MOTHER  
 Full maiden name Unknown  
 15. Residence (Usual place of abode) Miami Ariz  
 If non-resident, give place and state.  
 16. Color or race Not known  
 17. Age at last birthday (Years) \_\_\_\_\_  
 18. Birthplace (city or place) (State or country) Mexico  
 19. Occupation Home wife  
 Nature of Industry \_\_\_\_\_

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) } (a) Born alive and now living \_\_\_\_\_  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_  
 21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ on the date above stated.  
 (Born alive or stillborn)  
 Signature Charles E. J. ...  
 \_\_\_\_\_  
 (Physician or midwife.)  
 Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
131-319-000 Filed \_\_\_\_\_  
 Registrar \_\_\_\_\_ Registrar \_\_\_\_\_

No doctor in attend ance, at birth

WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 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.