

2348

In case of more than one child at a birth, a separate certificate must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Pima  
District of \_\_\_\_\_  
Town of Miami, Ariz.  
or  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 125

State Index No. 835

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 01

Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Felix Lerma

Born  YES  
Alive  NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Male Twin, Triplet or other \_\_\_\_\_ and Number in order of birth \_\_\_\_\_ Legiti mate? Yes Date of Birth Mar 6 1915  
(Month) (Day) (Yr.)

FATHER  
Full Name Max Lerma  
Residence Miami, Ariz.  
Color or Race Mexican Age at last Birthday 26 (Years)  
Birthplace El Paso, Tex, U.S.A.  
Occupation Miner

MOTHER  
Full Maiden Name Louisa Barrios  
Residence Miami, Ariz.  
Color or Race Mexican Age at last Birthday 19 (Years)  
Birthplace Bisbee, Ariz. U.S.A.  
Occupation Housewife

Number of child of this mother 2 Number of children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on 6<sup>th</sup> March 1915, at 6<sup>50</sup> P. M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) J. H. Miller  
(Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 1915

Address Miami, Ariz.  
John H. Ross  
LOCAL REGISTRAR.

631-306-322  
COUNTY REGISTRAR.

Filed Mar 7 1915

Filed Apr 6 1915

A True Copy  
R. E. Fox  
COUNTY REGISTRAR.