

PLACE OF BIRTH
 County of Gila ARIZONA STATE BOARD OF HEALTH
 District of Arizona BUREAU OF VITAL STATISTICS 125 State Index No. 505
 Town of Miami ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 36
 or
 City of _____ (No. Derry Canons St; _____ Ward)

FULL NAME OF CHILD Francisco Lucio { Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } no

Sex of Child male { Twin, Triplet or other } and { Number in order of birth 4 Legiti- mate? yes Date of Birth Feb. 9 - 1916
 (Month) (Day) (Yr.)

FATHER
 Full Name Francisco Lucio
 Residence Clifton Ariz
 Color or Race Mexican Age at last Birthday 40
 (Years)
 Birthplace San Luis Potosi Mexico
 Occupation Office man

MOTHER
 Full Maiden Name Baleria Armendaraz
 Residence Miami Ariz
 Color or Race Mexican Age at last Birthday 23
 (Years)
 Birthplace Chihuahua Mexico
 Occupation Housewife

Number of child of this mother 4 Number of Children, of this mother, now living 4 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Feb 9 1916 at 10 P.M.⁵⁰

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

(Signature) C. M. Cron M.D.
 (Attending physician, midwife, householder*)

Given or Christian name added from a supplemental report _____ 191_____

Address Box 24 Miami Ariz
B.S.J.
 LOCAL REGISTRAR.

636-209-219
 COUNTY REGISTRAR.

Filed Feb 10 1916

Filed Mar 6 1916 A True Copy
 COUNTY REGISTRAR.