

PLACE OF BIRTH
 County of Yila
 District of _____
 Town of Hayden
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
 (No. _____ St; _____ Ward)

161
 State Index No. 185
 Co. Register No. 182
 Local Registrar's No. _____

FULL NAME OF CHILD Lucia Berta Michelena } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child <u>Female</u>	Twin, Triplet or other <u>X</u>	and	Number in order of birth <u>1st</u>	Legitimate? <u>yes</u>	Date of Birth <u>April 25th</u> 191 <u>8</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Miguel Michelena</u>			Full Maiden Name <u>Anita Rodles</u>		
Residence _____			Residence _____		
Color or Race <u>White</u>	Age at last Birthday <u>29</u> (Years)	Color or Race <u>White</u>		Age at last Birthday <u>27</u> (Years)	
Birthplace <u>Solomonsville, Ohio</u>			Birthplace <u>Florence</u>		
Occupation <u>Butcher</u>			Occupation <u>Housekeeper</u>		
Number of child of this mother <u>1st</u>	Number of Children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Apr 25 1918, at 12 M.

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

(Signature) Irabel Brown
 (Attending physician, midwife, householder.)*

Given or Christian name added from a _____

Address Winkelman

Supplemental report _____ 1918

Filed H.V.C. 1918

W.B. Dash
 LOCAL REGISTRAR.

341-425-192
 COUNTY REGISTRAR.

Filed May 7 1918 A True Copy
 COUNTY REGISTRAR.

R.E. Fox
 COUNTY REGISTRAR.