

4755

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

State File No. 114A
Registered No. 0
Arizona

Place of Birth
County Yila State ARIZONA
Township _____ of Village _____
City Miami No. 1015 Live Oak St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
Full name of child Jose Guillermino Lara If child is not yet named, make supplemental report, as directed

Sex Male If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Sept 10th 1932
5. Number, in order of birth _____ Full term yes yes (Month, day, year)

FATHER
Full name Juan S. Lara
Residence (usual place of abode) (If non-resident, give place and State) Miami, Ariz.
Color or race White 12. Age at last birthday 32 (Years)
Birthplace (city or place) (State or country) Chiapas Mexico
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

MOTHER
Full maiden name Rosario Zapardua
Residence (usual place of abode) (If non-resident, give place and State) Miami, Ariz.
Color or race White 21. Age at last birthday 24 (Years)
Birthplace (city or place) (State or country) Guadalupe, Mexico
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____
If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10.00 p.m. on the date above stated (Born alive or stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
(Signed) Rosario L. de Lara M. D.
or _____ Midwife
Address _____
Filed July 21 1935 Registrar Keen D. ...
When name added from supplemental report (Date of) 131-910-931 Registrar.