

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>DeLa</u>		BUREAU OF VITAL STATISTICS	
District of _____		ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>		State Index No. <u>115</u>	Co. Registrar No. <u>221</u>
or _____		Local Registrar No. _____	
City of _____		No. _____	St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Francisca Lucio</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. No., in order of birth <u>12</u>
6. Legitimate? <u>yes</u>	7. Date of birth <u>April 3-1923</u>		(Month, day, year)
8. FATHER Full name <u>Juan Lucio</u>		14. MOTHER Full maiden name <u>Maria Barrios</u>	
9. Residence (Usual place of abode) <u>Miami - Ariz</u> If nonresident, give place and State		15. Residence (Usual place of abode) <u>Miami - Ariz</u> If nonresident, give place and State	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>41</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>37</u> (Years)
12. Birthplace (city or place) <u>San Luis Potosi</u> (State or country) <u>Mex</u>	18. Birthplace (city or place) <u>Zacatecas</u> (State or country) <u>Mex</u>		
13. Occupation Nature of Industry <u>Miner</u>	19. Occupation Nature of Industry <u>Housewife</u>		
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) <u>12</u>		(a) Born alive and now living <u>7</u> (b) Born alive but now dead _____ (c) Stillborn _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 11:30 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. M. Cron M.D.
(Physician or midwife)
Address Miami - Ariz

Given name added from a supplemental report _____
(Month, day, year)

Filed Apr 30, 1923 C. E. Davis Local Registrar.
Filed 5/5, 1923 B. J. Gray County Registrar.

Registrar.

636-403-402