

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pinal  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or  
City of Miami

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 194  
County Registrar No. 373  
Local Registrar No. \_\_\_\_\_

2. Full name of child Lucy Nelson (If birth occurred in a hospital or institution, give its NAME instead of street and number) No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Sept-1-1923  
Month Day Year

8. FATHER Full name Francisco Nelson

14. MOTHER Full maiden name Juana Chavez

9. Residence (Usual place of abode) Miami  
If nonresident, give place and state

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If nonresident, give place and state

10. Color or race Mexican 11. Age at last birthday 33 (Years)

16. Color or race Mexican 17. Age at last birthday 33 (Years)

12. Birthplace (city or place) Mexico  
(State or country)

18. Birthplace (city or place) Mexico  
(State or country)

13. Occupation Nature of industry Miner

19. Occupation Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 6 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn None

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 12 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 P. J. Dotal M.D.  
Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year.

Filed Sept 30 19 23 P. E. Davis Local Registrar.  
Filed 10-6 19 23 B. S. J. A. County Registrar.

Registrar.

355-901-139