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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 Gila
District of _____
Town of Globe
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 155
County Registrar No. 866
Local Registrar No. _____

2. Full name of child Bertha Lucero
3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. 2 6. Legitimate? yes 7. Date of birth 12-23-1923 Month day year

8. FATHER
Full name Carlos Lucero
9. Residence (Usual place of abode) Globe, Ariz
10. Color or race Mexican
11. Age at last birthday 28 (Years)
12. Birthplace (city or place) Mexico
13. Occupation miner

14. MOTHER
Full maiden name Cruz Alvarez
15. Residence (Usual place of abode) Globe, Ariz.
16. Color or race Mexican
17. Age at last birthday 27 (Years)
18. Birthplace (city or place) Mexico
19. Occupation 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 4 (b) Born alive but now dead 6 (c) Stillborn _____ 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 born alive at 7 A.M. on the date above stated. (Born alive or stillborn.)

Signature T.C. Harper, M.D.
Address Globe, Ariz.
Filed 12-25 1923
Filed 1-5 1924
Local Registrar. [Signature]
County Registrar. [Signature]

236-1223-319