

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

1. County of Yila State Index No. 122a
District of _____ County Registrar No. 35
Town of Hayden or _____ Local Registrar No. 3
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 Pedro Don Lucas } If child is not yet named, make
supplemental report, as directed.

3. Sex of Child male } To be answered ONLY } 4. Twin, triplet or other _____ } 6. Legitimate? _____ } 7. Date of birth April 7 24
in event of plural } 5. No., in order of birth _____ } Month day year

<p>8. FATHER Full name <u>Refugio Don Lucas</u></p> <p>9. Residence (Usual place of abode) If nonresident, give place and state <u>Nochlaton</u> <u>309</u></p> <p>10. Color or race <u>Mexican</u></p> <p>11. Age at last birthday <u>35</u> (Years)</p> <p>12. Birthplace (city or place) <u>Nochlaton</u> (State or country) <u>309 Mex.</u></p> <p>13. Occupation Nature of industry <u>Labor</u></p>	<p>14. MOTHER Full maiden name <u>Refugia M. Don Lucas</u></p> <p>15. Residence (Usual place of abode) If nonresident, give place and state <u>Nochlaton</u></p> <p>16. Color or race <u>Mexican</u></p> <p>17. Age at last birthday <u>24</u> (Years)</p> <p>18. Birthplace (city or place) <u>Nochlaton</u> (State or country) <u>309 Mex.</u></p> <p>19. Occupation Nature of industry <u>Home Wife</u></p>
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20. Number of children of this mother (a) Born alive and now living _____
(Taken as of time of birth of child herein } (b) Born alive but now dead _____
certified and including this child.) } (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was alive at 2:15 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 evidences of life after birth.

Signature Amelia Herrera de Lopez (Physician or midwife)
Address Hayden Ariz
Given name added from _____
a supplemental report 742-407-942 Filed Jan 20 1925 4578 Jack
Month, day, year. _____ Local Registrar
_____ County Registrar

Registrar. _____