

11111

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

1. County of Jila
District of _____
Town of _____

State Index No. 167
County Registrar No. 747
Local Registrar No. _____
St. _____ Ward _____

or
City of Miami Arizona 920 Live Oak St
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ines Lara } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Girl } To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No. in order of birth 10
6. Legitimate? No
7. Date of birth Month Sept day 24 year 1924

8. FATHER
Full name Don't know

14. MOTHER
Full maiden name Rosalia Lara

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

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

16. Color or race Mex

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

17. Age at last birthday 14 (Years)
18. Birthplace (city or place)
(State or country) Miami Arizona

13. Occupation
Nature of industry

19. Occupation
Nature of industry

20. Number of children of this mother (a) Born alive and now living yes (b) Born alive but now dead yes (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 or stillborn.) at Miami on the date above stated.

*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 Delinda Arzola Martinez (Physician or midwife)
Address 808 Live Oak St

Given name added from a supplemental report _____
Month, day, year. _____
Filed Sept 30, 1924 C.E. Davis Local Registrar.
Filed 10-6, 1924 B.H. Gier County Registrar.

Registrar.

931-924-931

In order of birth stated.