

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS

State Index No. 142

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Local Registrar No. _____

No. 35/Davis Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

{ If child is not yet named, make supplemental report, as directed.

2. Full name of child Avalardo Lugo3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other 10 5. No., in order of birth 10 6. Legitimate? yes 7. Date of birth Feb. 16 - 1925
Month Day Year8. FATHER
Full name Aurjelio Lugo
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 35 (Years)
12. Birthplace (city or place) Sinaloa, Mex.
(State or country)
13. Occupation
Nature of industry miner14. MOTHER
Full maiden name Gregoria Gomez
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Mex
17. Age at last birthday 31 (Years)
18. Birthplace (city or place) Taredo, Texas
(State or country)
19. Occupation
Nature of industry Housewife20. 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 7 (b) Born alive but now dead 3 (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 at 10:40 A. 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 Cyril M. Brown, M.D. (Physician or midwife)
Address Miami, ArizonaGiven name added from a supplemental report _____ Filed April 5, 1925 William D. Brayton Local Registrar.
Month, day, year

Filed _____, 19 _____ County Registrar.

Registrar

136-216-779

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.