

PLACE OF BIRTH

1. County of Gila

District of _____

Town of Winkelman

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 146

County Registrar No. _____

Local Registrar No. 62. Full name of child Joe Robert Laronia
No. _____ 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.

3. Sex of Child Male } To be answered ONLY in event of plural births. } 4. Twin, triplet or other? Yes } 6. Legitimate? Yes } 7. Date of birth Apr. 8th, 1925
Month Day Year8. FATHER
Full name Robert Laronia14. MOTHER
Full maiden name Lozena Padilla9. Residence (Usual place of abode) Winkelman, Ariz.
If nonresident, give place _____15. Residence (Usual place of abode) Winkelman, Ariz.
If nonresident, give place _____10. Color or race Mexican16. Color or race Mexican11. Age at last birthday 28 (Years)17. Age at last birthday 24 (Years)12. Birthplace (city or place) Florence, Ariz.
(State or country)18. Birthplace (city or place) Florence, Ariz.
(State or country)13. Occupation
Nature of industry Laborer19. Occupation
Nature of industry Housewife20. Number of children of this mother (a) Born alive and now living 1
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
(c) Stillborn 021. 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 yes (Born alive or stillborn.) at 5 A. m. 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 evidence of life after birth.

Signature P. M. Butler, M.D.
(Physician or midwife)Address Winkelman, ArizonaGiven name added from a supplemental report _____
Month, day, year.Filed May 4th, 1925 W. Robert
Local Registrar.Filed _____ 19____
County Registrar.

Registrar.

County Registrar.

131-408-371