

WRITE PLAIN INK 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.

PLACE OF BIRTH Gila

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of Lower Miami
 Town of Miami
 or
 City of _____

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 177
 County Registrar No. _____
 Local Registrar No. 74

2. Full name of child Miguel Lerma
 (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 <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. Legitimate? <u>yes</u>	6. Date of birth <u>May 8, 1925</u> Month day year
		5. No., in order of birth		

8. FATHER
 Full name Natividad Lerma

14. MOTHER
 Full maiden name Louisa Barrios

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

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

10. Color or race
Mexican

11. Age at last birthday 38 (Years)

16. Color or race
Mexican

17. Age at last birthday 29 (Years)

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

18. Birthplace (city or place) Pisbee
 (State or country) Arizona

13. Occupation
 Nature of industry Warehouse laborer
Copper mine

19. Occupation
 Nature of industry 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 6
 (b) Born alive but now dead 2
 (c) Stillborn 0

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 alive at 7:20 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 J. J. Millers
 (Physician or midwife)

Address Miami, Arizona
 Given name added from supplemental report _____
 Month, day, year. Filed May 26, 1925
 Local Registrar, _____

Registrar, _____

Filed _____ 19____

County Registrar, _____

431-508-322