

WHILE PLANNING SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

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

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 211
 County Registrar No. _____
 Local Registrar No. 334

2. Full name of child Carlos Udabe (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. _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Oct. 28, 1925
 Month Day Year

8. FATHER
 Full name Marcial Udabe
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Inez Lugo
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

10. Color or race Mex.
 11. Age at last birthday 24 (Years)

16. Color or race Mex.
 17. Age at last birthday 28 (Years)

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

18. Birthplace (city or place) Chihuahua, Mex.
 (State or country)

13. Occupation
 Nature of industry Miner

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 3
 (b) Born alive but now dead _____
 (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 8 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, Arizona

Given name added from a supplemental report. Filed Nov 10 1925 C. E. Jones Local Registrar.
 Month, day, year

Registrar _____ Filed _____ 19____ County Registrar _____

345-1028-934