

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

1. County of Pima
 District of _____
 Town of Wilhelma
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 173
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child No name (Signature given) Stillborn (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. }
 5. No., in order of birth 1 }
 6. Legitimate? }
 7. Date of birth Nov. 15th 1925
 Month Day Year

8. FATHER
 Full name Guadalupe Lucas
 9. Residence (Usual place of abode) Wilhelma, Ariz.
 If nonresident, give place and address _____
 10. Color or race Mexican
 11. Age at last birthday 39 (Years)
 12. Birthplace (city or place) Tucson, Ariz.
 (State or country) _____
 13. Occupation Laborer
 Nature of industry _____

14. MOTHER
 Full maiden name Julia Mendoza
 15. Residence (Usual place of abode) Wilhelma, Ariz.
 If nonresident, give place and address _____
 16. Color or race Mexican
 17. Age at last birthday about 36 (Years)
 18. Birthplace (city or place) Phoenix, Ariz.
 (State or country) _____
 19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother (a) Born alive and now living 4
 (b) Born alive but now dead 3
 (c) Stillborn 1
 (Taken as of time of birth of child herein certified and including this child.)
 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 Stillborn at about 7 p.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.
 Address Wilhelma, Ariz.
 Physician or midwife

Given name added from a supplemental report _____
 Month, day, year. _____
 Registrar. _____
 Filed January 28th 1926 _____
 Local Registrar. _____
 County Registrar. _____

032-1119-141