

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

187
 State File No. 373
 Registered No. 373

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City San Antonio No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Dora Laria
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child girl To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Mar. 25 1916
 Month Day Year

FATHER
 Full name Ledezilda Lara
 9. Residence (Usual place of abode) Warrior
 If non-resident, give place and state. Canyon
 10. Color or race Mexican
 11. Age at last birthday 39 (Years)
 12. Birthplace (city or place) Teacatecas
 (State or country) Mexico
 13. Occupation
 Nature of industry Miner

MOTHER
 Full maiden name Nemesia Aguirre
 15. Residence (Usual place of abode) Warrior
 If non-resident, give place and state. Canyon
 16. Color or race Mexican
 17. Age at last birthday 39 (Years)
 18. Birthplace (city or place) San Antonio
 (State or country) Texas
 19. Occupation
 Nature of industry Domestic

20. Number of children of this mother 3
(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 San Antonio 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 Guana Martinez
Blaypool Arizona Dr. Ervine.
(Physician or midwife.)

Given name added from a supplemental report _____ Address _____
 Month, day, year _____
 Filed Dec 1 1916 C. E. Juby
 Registrar Registrar

4131-1125-055

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.