

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

State File No. 177  
 Registered No. 76

**1. PLACE OF BIRTH**

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

**2. Full name of child**

Lillian Lara

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. 5. No., in order of birth	6. Legitimate? <u>yes</u>	7. Date of birth <u>3-22-26</u> Month Day Year
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**8. FATHER**  
 Full name Angel Lara  
 9. Residence (Usual place of abode) Globe  
 If non-resident, give place and state. Arizona  
 10. Color or race Mex  
 11. Age at last birthday 32 (Years)  
 12. Birthplace (city or place) Del Paso  
 (State or country) Texas  
 13. Occupation  
 Nature of industry miner

**14. MOTHER**  
 Full maiden name Audren Brundage  
 15. Residence (Usual place of abode) Globe  
 If non-resident, give place and state. Arizona  
 16. Color or race Mex.  
 17. Age at last birthday 24 (Years)  
 18. Birthplace (city or place) Mexico  
 (State or country)  
 19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother <u>5</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

hereby certify that I attended the birth of this child, who was born alive at 6:40 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 C. W. Adams  
Physician  
 (Physician or midwife).

Address Globe Ariz  
 Filed 3/30 1926 W. D. Stort  
 Registrar Registrar

WRITE - MAINLY WITH UNFADING INK - IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN SHOULD BE FILED FOR EACH CHILD.

331-322-119