

RECORD  
IF ALIZING INK—THIS IS A PERMA  
A SEPARATE RETURN must be made for each, and the number of  
of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of  
order of birth stated.

PLACE OF BIRTH

1. County of DeLa  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 131  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 818

No. Lower Panguan St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
2. Full name of child Lawrence Bernard Baroldy { 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 \_\_\_\_\_ 6. Legitimate Yes 7. Date of birth Sept 13, 1926  
Month Day Year

8. FATHER  
Full name Lawrence Bernard Baroldy

14. MOTHER  
Full maiden name Antonia Diaz

9. Residence (Usual place of abode) Miami Arizona  
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami Arizona  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 36 (Years)

16. Color or race White 17. Age at last birthday 33 (Years)

12. Birthplace (city or place) Tucson Arizona  
(State or country)

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

13. Occupation Motor Man  
Nature of Industry Copper Smelter

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother 5  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 5  
(b) Born alive but now dead 0  
(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 born alive at 4:10 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 Charles E. Irwin M.D.  
Address Miami Arizona  
Physician or midwife.

Given name added from a supplemental report. Month, day, year Sept 13, 1926 Filed 6. E. Irwin Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

328-913-149