

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 175a

County Registrar No. \_\_\_\_\_

Local Registrar No. 127No. 35 Mario Canyon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Mino Lugo { 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 October 18, 1926  
Month Day Year8. FATHER  
Full name A. Lugo14. MOTHER  
Full maiden name Lucy Lomery9. 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 Mexican 11. Age at last birthday 36 (Years)16. Color or race Mexican 17. Age at last birthday 32 (Years)12. Birthplace (city or place) Mexico  
(State or country)18. Birthplace (city or place) Mexico  
(State or country)13. Occupation Miner  
Nature of industry Copper Mine19. Occupation House Wife  
Nature of industry20. 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 2  
(b) Born alive but now dead 1  
(c) Stillborn 221. Were precautions taken against ophthalmia neonatorum? No.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 3 P. 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 Charles E. Drin D.D. (Physician or midwife)  
Address Miami ArizonaGiven name added from a supplemental report. Filed Apr 1, 1927 Ch. E. Drin Local Registrar.  
Month, day, year

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

536-1018-979

cutted.

-in case of above return