

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 136
County Registrar No. _____
Local Registrar No. 240

PLACE OF BIRTH
1. County of Tila
District of _____
Town of _____
or
City of 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 Salvador Lucero } 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. no 5. Legitimate? yes 6. No., in order of birth. _____ 7. Date of birth Nov. 8, 1926
Month day year

8. FATHER
Full name Carlos Lucero
9. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state
10. Color or race Mexican
11. Age at last birthday 30 (Years)
12. Birthplace (city or place) Mexico
(State or country)
13. Occupation
Nature of industry miner

14. MOTHER
Full maiden name Cruz Alvarez
15. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state
16. Color or race Mexican
17. Age at last birthday 30 (Years)
18. Birthplace (city or place) Mexico
(State or country)
19. Occupation
Nature of industry Housewife

20. 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 three
(b) Born alive but now dead two
(c) Stillborn none
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 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 evidences of life after birth.
Given name added from _____ Signature J. C. Harper, M. D.
a supplemental report _____ Address Globe Arizona
Month, day, year. _____ Filed 11-30-26 1926 _____ Local Registrar. Dr. St. Horst
Registrar. _____ County Registrar.

236-1108-319

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—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.