

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 149^a
Registered No. 45

PLACE OF BIRTH

City Eliza State Ariz

District or Township Miami or Village

No. 1000 St. 1000 Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Apolonio Lizlba (If child is not yet named, make supplemental report, as directed.)

Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other 6. Legitimate? Yes 7. Date of birth 1 26 28
Month Day Year

5. FATHER
Full name Apolonio Lizlba
9. Residence (Usual place of abode) Miami
If non-resident, give place and state.

14. MOTHER
Full maiden name Maria Emma
15. Residence (Usual place of abode) Miami
If non-resident, give place and state.

10. Color or race W
11. Age at last birthday 32 (Years)

16. Color or race W
17. Age at last birthday 20 (Years)

12. Birthplace (city or place) 7 Mex
(State or country)

18. Birthplace (city or place) Mex
(State or country)

13. Occupation
Nature of industry W

19. Occupation
Nature of industry H W

20. Number of children of this mother 2
(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
(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of this child, who was born at 5:00 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 W. H. Perkins

(Physician or midwife).

Even name added from supplemental report 171-126-476
Month, day, year
Registrar

Address 6 E 2nd
Filed Feb 15 19 28 Registrar