

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

State File No. 152  
 Registered No. 39

PLACE OF BIRTH

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. 134 Grover Canon Ward \_\_\_\_\_

Full name of child Lupe Contreras (If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Jan-28-1928</u> Month Day Year
		5. No., in order of birth _____		

**FATHER**  
 Full name Ascencion Contreras  
 Residence (Usual place of abode) Miami  
 and Arizona  
 If non-resident, give place and state.

**MOTHER**  
 Full maiden name Ester Lara  
 15 Residence (Usual place of abode) Miami  
 and Arizona  
 If non-resident, give place and state.

1. Color or race Mex.  
 2. Age at last birthday 29 (Day)  
 3. Age at last birthday 26 (Years)

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

2. Birthplace (city or place) Zacatecas  
 (State or country) Mex.

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

3. Occupation  
 Nature of industry Miner

19. Occupation  
 Nature of industry Housewife

9. 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 \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_  
 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 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 Cyril M. Brown M.D.  
Physician  
 (Physician or midwife).

Given name added from supplemental report \_\_\_\_\_

Address Miami, Arizona

Month, day, year 332-128-531  
 Registrar

Filed Feb 5, 1928 R. E. Jorg  
 Registrar