

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 185

Registered No. 118

1. PLACE OF BIRTH

County Sila State _____

District or Township _____ or Village _____

City Hayden No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Martina Don Lucas (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? Yes 7. Date of birth Feb 23 1928
Month Day Year

8. FATHER Full name Don Lucas, Refugio

14. MOTHER Full maiden name Refugia Martinez

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

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If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 34 (Years)

16. Color or race Mex 17. Age at last birthday 24 (Years)

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

18. Birthplace (city or state) Nochullan
(State or country) Mex

13. Occupation Labour
Nature of industry

19. Occupation House Wife
Nature of industry

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 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 or stillborn) at 1:50 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 H. Smith, M.D.
Hayden Ariz.
(Physician or midwife)

Given name added from a supplemental report _____ Address _____
Month, day, year _____

Filed Feb 24 1928 W.P. Paul
Registrar. Registrar.

842-223-919

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made in order of birth stated.