

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 205
Registered No. 92

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Lower Miami or Village _____
City Miami No. 204 Grover Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Romana Lara If child is not yet named, make supplemental report, as directed.

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate?	7. Date of birth	Month Day Year
<u>female</u>			<u>yes</u>	<u>Feb 28 1928</u>	
		5. No., in order of birth.....			
		<u>1</u>			

8. FATHER
Full name Isidoro Lara

14. MOTHER
Full maiden name Antonia Lopez

9. 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

16. Color or race Mexican

11. Age at last birthday 25 (Years)

17. Age at last birthday 19 (Years)

12. Birthplace (city or place) _____
(State or country) Mexico

18. Birthplace (city or place) _____
(State or country) Mexico

13. Occupation Laborer, Smelter
Nature of industry Copper mining

19. Occupation Housewife
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..... <u>1</u>	(b) Born alive but now dead..... <u>0</u>	(c) Stillborn..... <u>0</u>	21. Were precautions taken against ophthalmia neonatorum. <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 8:30 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 J. J. Miller

(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____ Address Miami, Arizona
Filed Feb 5 1928 Registrar C. S. Jones

931-228-139

order of birth stated.