

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 125

Registered No. 196

1. PLACE OF BIRTH

County Gila

State Arizona

District or Township

or Village

City Miami

No. 3012 Caravan St.

Ward

2. Full name of child Fausto Lascorain

(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.

3. Sex of Child male

To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate? yes

7. Date of birth May 9 1928
Month Day Year

5. No., in order of birth

8. FATHER

Full name Dick Lascorain

14. MOTHER

Full maiden name Herminia Mendibles

9. Residence (Usual place of abode) Miami, Ariz

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

11. Age at last birthday 36 (Years)

16. Color or race Mex

17. Age at last birthday (Years)

12. Birthplace (city or place) Silver City

(State or country) New Mexico

18. Birthplace (city or place) Tucson

(State or country) Arizona

13. Occupation Miner

Nature of industry Asbestos

19. Occupation Housewife

Nature of industry

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 1

(b) Born alive but now dead 1

(c) Stillborn 0

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 alive at 5 P m. on the date above stated.
(Born alive or stillborn)

Signature J. J. Miller

M.D.

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Address Miami, Arizona

Filed May 11 1928

Registrar J. J. Miller

Registrar

635-509-842