

3. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 111

District of \_\_\_\_\_

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. \_\_\_\_\_

Town of \_\_\_\_\_

Local Registrar No. 116

or Globe

City of \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

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

2. Full name of child Natalia Lara

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 July 3 1928  
Month day year

5. No., in order of birth. ✓

5. FATHER Full name Juan Lara

14. MOTHER Full maiden name Leonidas Soltero

9. Residence (Usual place of abode) Globe, Arizona  
If nonresident, give place and state

15. Residence (Usual place of abode) Globe, Ariz.  
If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 29 (Years)

16. Color or race Mexican

17. Age at last birthday 25 (Years)

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

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

13. Occupation miner  
Nature of industry

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 five  
(b) Born alive but now dead none  
(c) Stillborn none

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 10:10 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 evidences of life after birth.

Signature T.C. Harper  
(Physician or midwife)

Address Globe, Arizona

Given name added from \_\_\_\_\_  
supplemental report \_\_\_\_\_  
Month, day, year.

Filed 8/6 1928 G. E. Weylman  
Local Registrar.

Registrar.

County Registrar.

531-703-326