

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. ¹²⁵.....
Registered No. ²⁹⁸.....

1. PLACE OF BIRTH

County Gila State Arizona
District or Township..... or Village.....
City Miami No. 727 Sullivan St.,..... Ward.....
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Cesar Lozano { 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? Yes } 7. Date of birth July 6 1928
Boy } 5. No., in order of birth..... } Month Day Year

8. FATHER
Full name Antonio Lozano

14. MOTHER
Full maiden name Lucinda Gutierrez

9. Residence 727 Sullivan St
(Usual place of abode)
If non-resident, give place and state.

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

10. Color or race Mexican
11. Age at last birthday 37 (Years)

16. Color or race Mexican
17. Age at last birthday 36 (Years)

12. Birthplace (city or place) Nidalgo
(State or country) Nuevo Leon Mex

18. Birthplace (city or place) Nidalgo
(State or country) Nuevo Leon Mex

13. Occupation Merchant
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother..... } (a) Born alive and now living 7
(Taken as of time of birth of child herein } (b) Born alive but now dead 1
certified and including this child). } (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 alive at 10 a.m. on the date above stated.
(Born alive or stillborn)

Signature Rosa Leoty
(Physician or midwife).

Given name added from a supplemental report..... Address 806 Sullivan St
Month, day, year

Filed July 12 1928 Registrar h. E. Finn

536-706-379

Add 1c. even, and 2c. n. per of each. A SEPARATE REF. NO. order of birth stated.