

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 of each in
 and the num.
 SEPARATE RETURN must be made for each,
 order of birth suited.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 149
365
 Registered No.

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 311 Live Oak St., _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Timoteo Lucero

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

male

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

**7. Date
of birth**

August 22 1928
Month Day Year

8.

FATHER

Full name

Ramon Lucero

14.

MOTHER

Full maiden name

Jesus Felix

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

11. Age at last birthday 42 (Years)

16. Color or race

Mexican

17. Age at last birthday 40 (Years)

12. Birthplace (city or place)

(State or country)

Mexico

18. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

Miner
Copper

19. Occupation

Nature of industry

Housewife

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 11

(b) Born alive but now dead 0

(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 11 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

Aug 30 1928

19

C. E. Drinn

Registrar.

Registrar.

3310 822/107