

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

State File No. 104-552
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 724 Live Oak St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lucia Amargo } 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
5. No., in order of birth _____ 7. Date of birth Dec. 3-1928
Month Day Year

8. FATHER Full name Magdalino Amargo 14. MOTHER Full maiden name Maria Hernandez

9. Residence (Usual place of abode) Miami Arizona 15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 40 (Years) 16. Color or race Mex. 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Sonora Mex. 18. Birthplace (city or state) Sinaloa Mex.
(State or country)

13. Occupation Nature of industry Miner 19. Occupation Nature of industry Housewife

20. Number of children of this mother 7 } (a) Born alive and now living 5
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 2
(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 born alive at 5 A. m. on the date above stated.
(Born alive or stillborn)

Signature Byril M. Brown Physician (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Jan 10, 1929 Registrar C. C. Dim

Registrar. _____ 386-1203-489