

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

State File No. 193
 Registered No. 57

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 3500 Turkey Shoot St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number).
 2. Full name of child Ophalia 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
 5. No., in order of birth. _____ 7. Date of birth Jan. 29-1929
 Month Day Year

8. FATHER
 Full name Yadore Lara
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. _____
 10. Color or race Mex.
 11. Age at last birthday 24 (Years)
 12. Birthplace (city or place) Jalis co Mex.
 (State or country) _____
 13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Antonia Lopez
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. _____
 16. Color or race Mex.
 17. Age at last birthday 19 (Years)
 18. Birthplace (city or place) Globe, Arizona
 (State or country) _____
 19. Occupation
 Nature of industry Housewife

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 2
 (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 born alive at 3 A. 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 Beryl M. Brown, D.O.
Physician (Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona
 Month, day, year 631-129-137 Filed Feb 18, 1929
 Registrar _____ Registrar

N. B.—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.