

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

State File No. 163
Registered No. 46

1. PLACE OF BIRTH

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

2. Full name of child Rodolfo Lucero (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 1 6. Legitimate? yes 7. Date of birth March 11, 1929
Month Day Year

8. FATHER
Full name Carlos Lucero
9. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.

14. MOTHER
Full maiden name Cruz Alvarez
15. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.

10. Color or race Mexican
11. Age at last birthday 33 (Years)

16. Color or race Mexican
17. Age at last birthday 33 (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 eight
(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 three
(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 2:30 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. C. Harper
physician
(Physician or midwife).

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

Month, day, year _____ Filed 4/8, 1929 S. E. Weighman
Registrar Registrar

936-311-319