

N. S.—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.

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

State File No. 165
Registered No. 1781

1. PLACE OF BIRTH

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

2. Full name of child Lydia P. Lamas (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 + 5. No., in order of birth 7 6. Legitimate? yes 7. Date of birth 9 26 29
Month Day Year

8. FATHER
Full name Bruno Lamas
9. Residence unknown
(Usual place of abode)
If non-resident, give place and state.
10. Color or race Mexican
11. Age at last birthday unknown (Years)
12. Birthplace (city or place) Mexico
(State or country)
13. Occupation miner previously
Nature of industry not known at present
20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.)

14. MOTHER
Full maiden name Aurora Rivera
15. Residence Guamami
(Usual place of abode)
If non-resident, give place and state. Ariz
16. Color or race Mex
17. Age at last birthday 16 (Years)
18. Birthplace (city or place) Mexico
(State or country)
19. Occupation Housewife
Nature of industry _____
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 9:30 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 L. A. Lane
Physician (Physician or midwife)

Given name added from a supplemental report _____ Address M. D. Hospital
Month, day, year _____

Filed Sept 25 19 29 Registrar L. E. Drury

332-920-171