

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 133  
County Registrar No. 55  
Local Registrar No. \_\_\_\_\_

**PLACE OF BIRTH**

1. County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

No. 3112 Turbey Short Canon Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Luis Avilar { If child is not yet named, make supplemental report, as directed.

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate?	7. Date of birth	Ward
<u>Male</u>			<u>yes</u>	<u>Jan. 3 - 1927</u>	
		5. No., in order of birth.		Month Day Year	

8. FATHER  
Full name Refugio Avilar

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 22 (Years)

12. Birthplace (city or place) Jalisco Mex  
(State or country)

13. Occupation  
Nature of Industry Laborer

14. MOTHER  
Full maiden name Josephina Ruiz

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 20 (Years)

18. Birthplace (city or place) Jalisco Mex  
(State or country)

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 1  
(b) Born alive but now dead \_\_\_\_\_  
(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 at 11 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 Byril M. Larson M.D. (Physician or midwife)  
Address Miami, Arizona

Given name added from a supplemental report: \_\_\_\_\_  
Month, day, year \_\_\_\_\_ Filed Mex 7, 19 27 Le. E. J. J... Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_ County Registrar.

319-103-199

N.B.—L. ... of birth stated.