

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 185-
County Registrar No. 36
Local Registrar No. _____

PLACE OF BIRTH
1. County of Gila
District of _____
Town of Miami
or _____
City of _____

No. 501 B. Skyline Trail St. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

2. Full name of child Carmen Luera { 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 7. Date of birth Jan. 23, 1927
Month Day Year

8. FATHER
Full name Ladislav Luera
9. Residence (Usual place of abode) Miami, Arizona.
If non-resident, give place and state.

14. MOTHER
Full maiden name Margarita Huerta
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 32 (Years)

16. Color or race Mex. 17. Age at last birthday 22 (Years)

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

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

13. Occupation
Nature of industry miner

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 4 (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 10:50 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 Loyd M. Brown M.D. (Physician or midwife)
Address Miami, Arizona.

Given name added from a supplemental report _____ Filed Feb 7, 1927 L. E. Irwin Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar.

331-123-481

N. B.—19. order of birth stated. It be. . . of each.