

PLACE OF BIRTH

City of Gila

County of _____

City of Miami

or _____

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 119County Registrar No. 64

Local Registrar No. _____

No. 200 Grover Carson St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)Full name of child Manuel Luna

If child is not yet named, make supplemental report, as directed.

Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate? _____

7. Date of birth Feb. 2, 1927
Month day yearMale

5. No., in order of birth _____

yes

8. FATHER

Full name

Ursula Luna

Residence

(Usual place of abode)

Miami

If nonresident, give place and state

Arizona

9. Color or race

Mex.11. Age at last birthday 24 (Years)

12. Birthplace (city or place)

(State or country)

Durango
Mex.

13. Occupation

Nature of industry

Miner

14. MOTHER

Full maiden name

Francisca Lopez

15. Residence

(Usual place of abode)

Miami

If nonresident, give place and state

Arizona

16. Color or race

Mex.17. Age at last birthday 22 (Years)

18. Birthplace (city or place)

(State or country)

Douglas
Arizona

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 9 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 evidences of life after birth.

Given name added from a supplemental report _____

Signature

Beryl M. Brown M.D.

(Physician or midwife)

Address

Miami, Arizona

Filed

Feb 7, 1927

Local Registrar.

Month, day, year.

Registrar.

Filed _____

19 _____

County Registrar.

431-206-639