

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

State File No. 178
 Registered No. 50

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 31 Cañon Mexicano St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Balvina de Luna
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Girl To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Feb 27 1927
 Month Day Year

8. FATHER
 Full name Mercades de Luna
 9. Residence 31 Cañon Mexicano
(Usual place of abode)
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Rosa Aguallor
 15. Residence 31 Cañon Mexicano
(Usual place of abode)
 If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 27 (Years)

16. Color or race Mexican 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Villa Hidalgo
(State or country) Jalisco Mexico

18. Birthplace (city or place) Teocaltiche
(State or country) Jalisco Mexico

13. Occupation Mixer
 Nature of industry _____

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother one
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living one
 (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 alive at 2- 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 Rosa Cortez
(Physician or midwife).

Given name added from a supplemental report _____
 Month, day, year _____

Address 708 Sullivan St
 Filed Feb 5 1927 Le E Dorris
 Registrar

241-227-914

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number & order of birth stated.