

REMAINEN CORL
than one child at a birth, a SEPARATE RETURN must be made for each, and the number of
in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County Pima
District of _____
Town of Miami
or
City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 113
County Registrar No. 91
Local Registrar No. _____

2. Full name of child Jose Luna
3. Sex of child Male To be answered ONLY in event of plural births.
4. Twin, triplet or other. No 6. Legitimate? Yes
7. Date of birth Feb 3 1927
Month day year

8. FATHER
Full name Dionecia Luna

14. MOTHER
Full maiden name Ephemia Green

9. Residence (Usual place of abode) Miami
If nonresident, give place and state

15. Residence (Usual place of abode) Miami
If nonresident, give place and state

10. Color or race Mex
11. Age at last birthday 29 (Years)

16. Color or race Mex
17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Mexico
(State or country)

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

13. Occupation
Nature of industry Miami

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 1

21. Were precautions taken against erythraemia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

*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.

Signature Robert D. Brayton
(Physician or midwife)

Address Miami

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

Filed Feb 12 1927 C. E. Jordan
Local Registrar.

Registrar.

County Registrar.

131-303-571