

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

177
 State File No. 134
 Registered No. 52

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____
 City miami No. 3202 Carceran St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

2. Full name of child

Natividad Luevano

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>Yes</u>	7. Date of birth <u>January 5 1930</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
 Full name Florentino Luevano

14. MOTHER
 Full maiden name Refugio Luevano

9. Residence
 (Usual place of abode) miami, Arizona
 If non-resident, give place and state.

15. Residence
 (Usual place of abode) miami, Arizona
 If non-resident, give place and state.

10. Color or race
mexican

15. Color or race
mexican

11. Age at last birthday 30 (Years)

17. Age at last birthday 28 (Years)

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

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

13. Occupation
 Nature of industry miner
Copper

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 7
 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living	<u>6</u>
(b) Born alive but now dead	<u>1</u>
(c) Stillborn	<u>0</u>

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 1:40 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 J. J. Miller

 (Physician or midwife)

Given name added from a supplemental report _____
 Address miami, Arizona
 Month, day, year Jul 1 30
 Filed Le. E. Doring
 Registrar. _____ Registrar.

536-105-936

ord. of birth stated.