

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 152  
Registered No. 192

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 3201 Turkey Shoot St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Consuela Luna  
(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. \_\_\_\_\_ } 5. No., in order of birth \_\_\_\_\_ } 6. Legitimate? yes } 7. Date Mar. 11-1930  
of birth \_\_\_\_\_ } Month Day Year

**FATHER**  
8. Full name Jesus Luna  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
10. Color or race Mex.  
11. Age at last birthday 24 (Years)  
12. Birthplace (city or place) Durango  
(State or country) Mex.  
13. Occupation  
Nature of Industry Miner

**MOTHER**  
14. Full maiden name Blasa Flores  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
16. Color or race Mex.  
17. Age at last birthday 30 (Years)  
18. Birthplace (city or place) Morenci  
(State or country) Arizona  
19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother. 7 } (a) Born alive and now living 7 } 21. Were precautions taken against ophthalmia neonatorum? Yes  
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0 }  
} (c) Stillborn \_\_\_\_\_ }

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 A. m. on the date above stated.  
(Born alive or stillborn)

Signature Loyil M. Brown M.D.  
(Physician or midwife.)

Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_ Month, day, year \_\_\_\_\_  
Filed May 17 30 C. E. Dorn Registrar.

Registrar.

Registrar.

331-311-262