

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

1802  
 State File No. 370  
 Registered No. 370

1. PLACE OF BIRTH

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. Rag Canon 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 Dolores Luigo  
 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 of birth May 19-1930  
 Month Day Year

8. FATHER  
 Full name Fred Tafia Luigo  
 9. Residence (Usual place of abode) Miami  
 If non-resident, give place and state. Arizona  
 10. Color or race Mex.  
 11. Age at last birthday 22 (Years)  
 12. Birthplace (city or place) Chihuahua  
 (State or country) Mex.  
 13. Occupation  
 Nature of Industry Miner

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

20. Number of children of this mother 1 } (a) Born alive and now living. 1  
 (Taken as of time of birth of child herein } (b) Born alive but now dead. 0  
 certified and including this child.) } (c) Stillborn 0  
 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 26  
 I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated.  
 (Born alive or stillborn)  
 Signature Cyril M. Brown  
 (Physician or midwife.)  
 Address Miami, Arizona  
 Month, day, year June 17 1930  
 Registrar C. E. Davis

436-519-589