

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

State File No. 540  
Registered No. 540

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Mission No. 1000 Live Oak St., \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jasinto B. Luzan } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Boy 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 Sept. 17 1930  
Month Day Year

8. FATHER  
Full name Alfonso M. Luzan  
9. Residence 1000 Live Oak St  
(Usual place of abode)  
If non-resident, give place and state.

14. MOTHER  
Full maiden name Leonor Villegas  
15. Residence 1000 Live Oak St  
(Usual place of abode)  
If non-resident, give place and state.

10. Color or race Mexican  
11. Age at last birthday 34 (Years)

16. Color or race Mexican  
17. Age at last birthday 18 (Years)

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

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

13. Occupation Mexican  
Nature of Industry \_\_\_\_\_

19. Occupation Housewife  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother \_\_\_\_\_ } (a) Born alive and now living 1  
(Taken as of time of birth of child herein } (b) Born alive but now dead. \_\_\_\_\_  
certified and including this child.) } (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 3:30 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 Ortiz  
(Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address 806 Sullivan St  
Filed Apr 20 1930 C. C. Jones  
Registrar. Registrar.

135-917-352

SEAL AND ORDER OF BIRTH STATED.