

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

State File No. 172  
 Registered No. 707

**1. PLACE OF BIRTH**

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

2. Full name of child Ricardo Luevano { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male 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 10 19 30  
 Month Day Year

8. FATHER  
 Full name Antonio Luevano

14. MOTHER  
 Full/maiden name Avelina Romo

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

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

10. Color or race Mexican 11. Age at last birthday 27 (Years)

16. Color or race Mexican 17. Age at last birthday 21 (Years)

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

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

13. Occupation Sampler  
 Nature of industry

19. Occupation H.W.  
 Nature of industry

20. Number of children of this mother 4 } (a) Born alive and now living 4  
 (Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0  
 } (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Male at 10:20 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 C. E. [Signature]  
 (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Miami  
 Month, day, year \_\_\_\_\_  
 Registrar \_\_\_\_\_ Filed Jan 7 19 31 Lo. Co. [Signature] Registrar

936-1019-194

\* While plainly stated, ADJUDICATING INK - HIS IS A FERNANDEZ, NI. SHOULD  
 N. B. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.