

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 135
Registered No. 606

1. PLACE OF BIRTH

County Gila State ARIZONA
District or Township Lower Miami or Village _____
City MIAMI, ARIZONA No. 8 Pesta Rico Hill St., _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Nov 13 1930</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Carlos Logano

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

10. Color or race Mexican

11. Age at last birthday 27 (Years)

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

13. Occupation miner
Nature of Industry Copper

14. MOTHER
Full maiden name Guillerma Rodriguez

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

16. Color or race mexican

17. Age at last birthday 27 (Years)

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

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother <u>7</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>4</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
	(b) Born alive but now dead <u>3</u>	
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 9:10 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 F. F. Miller
036-1113-799 _____
F. F. MILLER, M.D.
(Physician or midwife.)

Given name added from _____ Address MIAMI, ARIZONA
a supplemental report. _____
Month, day, year _____
Registrar. _____ Filed Nov 20 1930 Registrar. _____

* Premature - 6 mns fetus. Died 2 A.M., Nov. 14, 1930.