

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 138
Registered No. 608

1. PLACE OF BIRTH

County Gila State ARIZONA
District or Township _____ or Village _____
City MIAMI, ARIZONA No. 729 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 Ubaldo Luna } 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 Nov 14 1930
Month Day Year

8. FATHER
Full name Rafael Luna

14. MOTHER
Full maiden name Juana Jimenez

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

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

10. Color or race Mexican 11. Age at last birthday 23 (Years)

16. Color or race mexican 17. Age at last birthday 20 (Years)

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

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

13. Occupation Miner
Nature of Industry Copper

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 4 } (a) Born alive and now living 2 }
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 2 }
} (c) Stillborn 0 }

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE * 1/10

I hereby certify that I attended the birth of this child, who was alive at _____ 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
F. F. MILLER, M.D.
(Physician or midwife.)

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

431-1114-119