

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **156**
Registered No. **623**

1. PLACE OF BIRTH

County Pima State _____

District or Township _____ or Village _____

City Miami No. 89 Red Springs Ward _____

2. Full name of child Josa Lurial
(If birth occurred in hospital or institution give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex of Child elf 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 19 1930
Month Day Year

8. FATHER
Full name Patriciano Lurial

14. MOTHER
Full maiden name Janaina Diaz

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

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

10. Color or race Mexican 11. Age at last birthday 47 (Years)

16. Color or race Mex 17. Age at last birthday 38 (Years)

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

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

13. Occupation
Nature of Industry Miner

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. } (a) Born alive and now living. 7
(b) Born alive but now dead. _____
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

hereby certify that I attended the birth of this child, who was _____ 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 Reson A. Bryson
Reson A. Bryson
(Physician or midwife.)

Given name added from supplemental report _____ Address _____

Month, day, year _____ Filed Nov 20 1930 Registrar. Le E. Irving Registrar.

173-1119-149