

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 164
Registered No. 679

1. PLACE OF BIRTH

County Gila State ARIZONA

District or Township _____ or Village _____

City MIAMI, ARIZONA No. 4093 Careman Ave St., _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

Sex of Child <u>male</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>Dec 17 1930</u>
		5. No., in order of birth.....		Month Day Year

8. FATHER
Full name Lorenzo Luzman

14. MOTHER
Full maiden name Romana Luzman

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

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

10. Color or race Mexican
11. Age at last birthday 39 (Years)

16. Color or race Mexican
17. Age at last birthday 22 (Years)

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

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

13. Occupation Common Laborer
Nature of Industry Copper Smelter

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother..... (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living..... <u>1</u>	21. Were precautions taken against ophthalmia neonatorum?
	(b) Born alive but now dead..... <u>0</u>	
	(c) Stillborn..... <u>0</u>	<u>yes</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 10:30 am 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 _____ Address MIAMI, ARIZONA
Month, day, year _____
Registrar. Dec 20 30 Filed _____ 19 _____
Registrar. R. E. Jones

675-1217-975