

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1447
Registered No. 80

1. PLACE OF BIRTH

County Gila State ARIZONA

District or Township _____ or Village _____

City MIAMI No. 902-A 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 Dolores Luna } If child is not yet named, make supplemental report, as directed.

3. Sex of Child female 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 March 27 1931
Month Day Year

8. FATHER
Full name Manuel Luna

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 30 (Years)

12. Birthplace (city or place) Pafford Arizona
(State or country)

13. Occupation miner
Nature of Industry Copper

14. MOTHER
Full maiden name Ricarda Bijerano

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 22 (Years)

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

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. 3
(b) Born alive but now dead. 2
(c) Stillborn. 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8:57 a. 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 J. J. Trumble

431-327-926

F. E. MILLER, M. D.
(Physician or midwife.)

Given name added from _____ Address MIAMI, ARIZONA
Month, day, year

Registrar. Mc 31 31 Registrar.