

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 199  
 Registered No. 277

**1. PLACE OF BIRTH**

County Gila State ARIZONA  
 District or Township \_\_\_\_\_ of Village \_\_\_\_\_  
 City MIAMI No. 3202 Carcaran Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Manuel Luebans { 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. Legitimate? yes 5. Date of birth June 17 1931  
 6. Twin, triplet or other \_\_\_\_\_ 7. No., in order of birth \_\_\_\_\_  
 8. Month Day Year

**8. FATHER**  
 Full name Flarentino Luebans

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

10. Color or race Mexican  
 11. Age at last birthday 34 (Years)

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

13. Occupation miner  
 Nature of Industry Copper

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 7  
 (b) Born alive but now dead 1  
 (c) Stillborn 0

**14. MOTHER**  
 Full maiden name Regina Luebans

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

16. Color or race Mexican  
 17. Age at last birthday 32 (Years)

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

19. Occupation Housewife  
 Nature of Industry \_\_\_\_\_

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 3:05 a.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

436-617-936 Month, day, year  
 Registrar

Filed July 8, 1931 C. E. Davis  
 Registrar