

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, * SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

.117
State File No. _____
Registered No. 330

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Lower Miami or Village _____
City Miami No. 45 Home Ave St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eduardo Luebano (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. Legitimate? yes
6. Date of birth Dec 20 1931
Month Day Year

8. FATHER
Full name Antonio Luebano

14. MOTHER
Full maiden name Arnelia Romo

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 28 (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 Assistant to Resuper
Nature of Industry Copper mine

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother 5 } (a) Born alive and now living 4
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0
(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 4:30 P.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 J. J. Miller
(Physician or Midwife)

Given name added from a supplemental report _____
Month Day Year
536-1020-196
Registrar
Address Miami, Arizona
Filed Nov 2, 1931 C. E. Davis
Registrar