

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 149
Registered No. 1

PLACE OF BIRTH

County Gila State ARIZONA
Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lusa Lujan (If child is not yet named, make supplemental report, as directed)

3. Sex Female (If plural births) 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term _____ 7. Legitimate _____ 8. Date of birth Feb 15, 1932
(Month, day, year)

FATHER
9. Full name Jesus Lujan
10. Residence (usual place of abode) Hayden
(If nonresident, give place and State)
11. Color of race Mex 12. Age at last birthday 24 (Years)
13. Birthplace (city or place) Sabroca
(State or country) Sonora, Mex
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 19. _____

MOTHER
18. Full maiden name Justina Perez
19. Residence (usual place of abode) Hayden
(If nonresident, give place and State)
20. Color of race Mex 21. Age at last birthday 20 (Years)
22. Birthplace (city or place) Hayden
(State or country) Ariz.
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work 2-15-1932 26. Total time (years) spent in this work 1 1/2

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 4:20 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. }
(Signed) Charles B. Hurd M.D.

Given name added from a supplemental report _____ (Date of) _____
Address HAYDEN, ARIZONA Midwife
Filed FEB 17, 1932 WTD Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and number of each in order of birth stated.

OCCUPATION

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