

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 28

Registered No. _____

1. PLACE OF BIRTH

County Gila State _____
 Township _____ or Village _____
 City Winkelman St. _____ (Ward _____)
(If birth occurred in hospital or institution, give its NAME instead of street and number)

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

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
 6. Premature _____ Full term _____ 7. Legitimate? Yes 8. Date of birth Jan 22 1933
(Month, day, year)

9. Full name of FATHER Amelio Luano 10. Residence (usual place of abode) Winkelman
(If non-resident, give place and State) 11. Full maiden name of MOTHER Emilia Priya

1. Color or Mex 12. Age at last birthday 30 (Years) 20. Color or Mex 21. Age at last birthday 22 (Years)

3. Birthplace (city or place) San Antonio, Texas Birthplace (city or place) San Antonio, Texas
(State or country) (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labour</u> 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 _____	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Wife</u> 25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____

7. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 3 (c) Stillborn _____

1. 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 4:00 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.
 (Signed) Charles B. Hurst M.D.
 or _____ Midwife

was named added from supplemental report _____ (Date of) _____
 Address San Antonio, Texas
 Filed Jan 27, 1933 _____ Registrar.

226-122-451 ✓