

PLACE OF BIRTH

County of Gila
District of _____
Town of Miami
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. _____

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 77

Local Registrar's No. _____

(No. 322 Cactus St. _____ Ward) _____

FULL NAME OF CHILD Ignacia Losano { Born } Yes
If child is not named, make Supplemental Report on blank obtainable from local Registrar. { Alive } NO

Sex of Child Female Twin, Triplet or other _____ and _____ Number in order of birth _____ Legiti-mate yes Date of Birth Feb. 1 1921
(Month) (Day) (Yr.)

FATHER
Full Name Juan Losano
Residence Miami, Ariz.
Color or Race Mexican Age at last Birthday 25
(Years)
Birthplace Mexico
Occupation miner in Copper mine

MOTHER
Full Maiden Name Julia Villarrial
Residence Miami, Ariz.
Color or Race Mexican Age at last Birthday 22
(Years)
Birthplace Mexico
Occupation Housewife

Number of child of this mother 2 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Feb. 1 1921, at 8:35 P. M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) J. J. Miller
(Attending physician, midwife, householder)

Given or Christian name added from a Supplemental report _____ 192 _____

Address Miami, Ariz.

936-201-153
COUNTY REGISTRAR.

Filed Feb 3 1921

B. W. Hards, M. D.
LOCAL REGISTRAR.

Filed Mar 7 1921

A True Copy
B. G. Jot
COUNTY REGISTRAR.