

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
 County of Pima
 District of _____
 Town of Miami
 or _____
 City of _____

(No. 402 Cactus St; _____ Ward)

State Index No. 470 ✓
 Co. Register No. 116
 Local Registrar's No. _____

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

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Feb. 21, 1921</u> (Month) (Day) (Yr.)
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FATHER		MOTHER	
Full Name <u>Antonio Losano</u>	Residence <u>Miami, Ariz</u>	Full Maiden Name <u>Lucinda Gutierrez</u>	Residence <u>Miami Ariz</u>
Color or Race <u>Mexican</u>	Age at last Birthday <u>31</u> (Years)	Color or Race <u>Mexican</u>	Age at last Birthday <u>29</u> (Years)
Birthplace <u>Mexico</u>	Occupation <u>Timberman in Copper Mine</u>	Birthplace <u>Mexico</u>	Occupation <u>Housewife</u>

Number of child of this mother 6 | Number of children, of this mother, now living 5 | 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. 21 1921, at 8 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.)

Address Miami, Ariz

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

Filed Jul 22 1921

Filed Mar 7 1921

A True Copy

1310-201-379
COUNTY REGISTRAR.

B. W. Haady M.D.
LOCAL REGISTRAR.
COUNTY REGISTRAR.