

200

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Mila
District of _____
Town of Miami
or
City of _____ (No. _____ St; _____ Ward)

State Index No. 140
Co. Registrar's No. 604
Local Registrar's No. _____

FULL NAME OF CHILD Anita Luna Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child <u>Female</u>	<input checked="" type="checkbox"/> Twin, Triplet or other	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Nov. 27</u> 19 <u>21</u> Month Day Yr.
FATHER			MOTHER		
Full Name <u>Rafael Luna</u>			Full Maiden Name <u>Maria Martinez</u>		
Residence <u>Miami, Arizona</u>			Residence <u>Miami, Arizona</u>		
Color or Race <u>Mex</u>		Age at last Birthday <u>25</u> Years	Color or Race <u>Mex</u>		Age at last Birthday <u>16</u> Years
Birthplace <u>Silver City, New Mex</u>			Birthplace <u>Jalisco, Mexico</u>		
Occupation <u>Miner</u>			Occupation <u>Housewife</u>		
Number of child of this Mother <u>1</u>	Number of Children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Nov. 27 1921, at 3A: M.

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

Signature D. M. Crow M.D.
Attending physician, midwife, householder.*

Address Miami, Arizona

Given or Christian name added from a supplemental report _____ 1921

Filed Nov 30 1921 B. M. Had LOCAL REGISTRAR.

Filed Dec 5 1921 B. G. Fox COUNTY REGISTRAR.

131-1127-449 COUNTY REGISTRAR.