

2356

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

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

State Index No. 170
Co. Registrar's No. 231
Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

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

Sex of Child Male Twin, Triplet or other _____ and Number in order of birth 13 Legitimate? yes Date of Birth June 13 1922
Month Day Yr.

FATHER
Full Name Jesus Luna
Residence Miami, Arizona
Color or Race Mex. Age at last Birthday 39 Years
Birthplace Solomonville, Ariz.
Occupation Millman

MOTHER
Full Maiden Name Maria Feley
Residence Miami, Arizona
Color or Race Mex Age at last Birthday 38 Years
Birthplace Tucson, Arizona
Occupation Housewife

Number of child of this Mother 13 Number of Children, of this mother, now living 9 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 June 13, 1922 at 6:30 P.M.

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

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

Given or Christian name added from a supplemental report _____ 191__

Address Miami, Arizona
B. M. Ford
LOCAL REGISTRAR.

131-613-469
COUNTY REGISTRAR.

Filed June 25 1922
Filed 7-5 1922
A True Copy

R. J. Day
COUNTY REGISTRAR.