

WHILE PLAINLY WITH UNPAID IN THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated.

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
 1. County of Yuma
 District of _____
 Town of Miami
 or _____
 City of Miami No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 135
 Co. Registrar No. 198
 Local Registrar No. _____

2. Full name of child Florantino Luchano } If child is not yet named, make supplemental report, as directed

3. Sex of child M } To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 3rd 6. Legitimate? Yes 7. Date of birth 4-9-23 (Month, day, year)

| FATHER | | MOTHER | |
|--|---------------------------|---|------------------------|
| 8. Full name | <u>Florantino Luchano</u> | 14. Full maiden name | <u>Refugio Luchano</u> |
| 9. Residence (Usual place of abode) If nonresident, give place and State | <u>Miami Ariz</u> | 15. Residence (Usual place of abode) If nonresident, give place and State | <u>Miami Ariz</u> |
| 10. Color or race | <u>Mex</u> | 16. Color or race | <u>Mex</u> |
| 11. Age at last birthday | <u>24</u> (Years) | 17. Age at last birthday | <u>23</u> (Years) |
| 12. Birthplace (city or place) (State or country) | <u>Julico Mexico</u> | 18. Birthplace (city or place) (State or country) | <u>Julico Mexico</u> |
| 13. Occupation Nature of Industry | <u>miner</u> | 19. Occupation Nature of Industry | <u>H. W.</u> |

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) } (a) Born alive and now living Two (b) Born alive but now dead one (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 3:20 m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature [Signature] (Physician or midwife)
 Address Miami Ariz

Given name added from a supplemental report _____ (Month, day, year)
639-409-936 Registrar.

Filed Apr 30, 1923 [Signature] Local Registrar.
 Filed 5/5, 1923 [Signature] County Registrar.