

1830

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

State File No. 171
Registered No. 171

1. PLACE OF BIRTH

County Gila State ARIZONA
Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____
(If birth occurred in hospital or institution, give its NAME instead of street and number)

2. Full name of child Nicolas Luera { If child is not yet named, make supplemental report, as directed

3. Sex male If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term _____ 7. Is mother married? yes 8. Date of birth Aug 10, 192
(Month, day, year)

9. Full name Jesus Luera FATHER

18. Full maiden name Francisca Lopez MOTHER

10. Residence (usual place of abode) Miami Ariz
(If non-resident, give place and State)

19. Residence (usual place of abode) Miami Ariz
(If non-resident, give place and State)

11. Color or race Mex 12. Age at last birthday 38 (Years)

20. Color or race Mex 21. Age at last birthday 32 (Years)

13. Birthplace (city or place) Jalpa
(State or country) Zacatecas Mexico

22. Birthplace (city or place) Carls
(State or country) Sonora Mexico

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 19____
17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ (months or weeks) 29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 A m. on the date above stated
(Born alive or stillborn)

(Signed) Jesus Luera (Father)

Given name added from a supplemental report _____
Address Nov. 21st., 1935 C. M. Ors

Filed _____
Registrar. Chas E. Hancy Justice of the Peace

531-810-639