

18 13

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

District of _____

Town of _____

or Miami

City of Miami

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 117

County Registrar No. 801

Local Registrar No. _____

Ward _____

No. 93 Red Spring Canyon
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child E. Juan Louera
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. Legitimate? yes 6. No., in order of birth. 7. Date of birth Nov. 1-1923
Month day year

8. FATHER Full name Juan Louera

14. MOTHER Full maiden name Josephina Hernandez

9. Residence (Usual place of abode) Miami Tex
If nonresident, give place and state

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If nonresident, give place and state

10. Color or race Mexican

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11. Age at last birthday 34 (Years)

17. Age at last birthday 39 (Years)

12. Birthplace (city or place) Mexico
(State or country)

18. Birthplace (city or place) Mexico
(State or country)

13. Occupation Miner
Nature of industry

19. Occupation House wife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive-~~con~~stillborn.) at 11:30 a.m. on the date above stated.

Signature C. J. Aplet M.D.
Address Miami Tex
(Physician or midwife)

Filed Dec 31 1923 C. E. Dravin
Local Registrar.

Filed 1-5 1924 B. G. J. of
County Registrar.

*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 evidences of life after birth.
Given name added from a supplemental report _____
Month, day, year.

Registrar.

531-1101-189