

1836

**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 \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed.

2. Full name of child Willehads Luera

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth 2 6. Legitimate? yes 7. Date of birth Nov-8-1923  
Month day year

8. FATHER Full name <u>Jadislado Luera</u>		14. MOTHER Full maiden name <u>Mercadia Huerta</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state	
16. Color or race <u>Mex</u>	11. Age at last birthday <u>29</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>19</u> (Years)
12. Birthplace (city or place) <u>Jalisco, Mex.</u> (State or country)		18. Birthplace (city or place) <u>Jalisco, Mex.</u> (State or country)	
13. Occupation Nature of industry <u>Miner</u>		19. Occupation Nature of industry <u>Housewife</u>	

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 2 (b) Born alive but now dead. \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ 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 at 4:15 a.m. on the date above stated.  
(Born alive or stillborn.)

\*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.

Signature C. M. Crow M.D. (Physician or midwife)  
Address Miami, Arizona  
Filed Nov 30 1923 Local Registrar. P. E. Jones  
Filed 12/5 1923 County Registrar. B. G. Day

Registrar. \_\_\_\_\_

631-1108-481