

WRITE PLAINLY WITH UNFADING INK—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, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH			
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS		State Index No. <u>152</u>	
District of _____		ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>475</u>	
Town of _____				Local Registrar No. _____	
or				City _____ No. _____ Ward _____	
City of <u>Globe</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Antonia Luna</u>					
3. Sex of Child		4. Twin, triplet or other		6. Legitimate?	
<u>Female</u>		No. _____		<u>yes</u>	
To be answered ONLY in event of plural births.		5. No., in order of birth		7. Date of birth <u>June 14-24</u>	
				Month day year	
8. FATHER			14. MOTHER		
Full name <u>Juan B. Luna</u>			Full maiden name <u>Rosa Agiera</u>		
9. Residence (Usual place of abode) <u>Globe</u>			15. Residence (Usual place of abode) <u>Globe</u>		
If nonresident, give place and state <u>Arizona</u>			If nonresident, give place and state <u>Arizona</u>		
10. Color or race <u>Mex</u>		11. Age at last birthday <u>45</u> (Years)		17. Age at last birthday <u>29</u> (Years)	
12. Birthplace (city or place) <u>Tucson</u>			18. Birthplace (city or place) _____		
(State or country) <u>Arizona</u>			(State or country) <u>Mexico</u>		
13. Occupation			19. Occupation		
Nature of industry <u>Laborer</u>			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.)			21. Were precautions taken against ophthalmia neonatorum?		
(a) Born alive and now living <u>2</u>			<u>yes</u>		
(b) Born alive but now dead <u>1</u>					
(c) Stillborn <u>0</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>3:30 P.M.</u> 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)			Signature <u>C. W. Adams</u>		
			(Physician or midwife)		
			Address <u>Globe, Arizona</u>		
Month, day, year _____			Filed <u>JUN 20</u> 19 <u>24</u>		
Registrar. _____			Local Registrar. <u>B. S. Gray</u>		
			County Registrar. _____		

131-614-911