

115

PLACE OF BIRTH

1. County of Gila
District of Lower Miami
Town of Miami
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 135
County Registrar No. 800
Local Registrar No. _____

No. 24 Grover Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eduardo Ray Luevano } 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. No., in order of birth _____ } 6. Legitimate? yes } 7. Date of birth Oct 13 1924
Month day year

8. FATHER
Full name Victoriano Luevano

14. MOTHER
Full maiden name Virginia Delgado

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

15. Residence (Usual place of abode) Miami, Arizona
If nonresident, give place and state (Lower Miami)

10. Color or race Mexican

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11. Age at last birthday 25 (Years)

17. Age at last birthday 25 (Years)

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

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

13. Occupation Miner
Nature of industry Copper

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother (a) Born alive and now living 3
(b) Born alive but now dead one
(c) Stillborn 0

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 alive at 11:30 A.M. on the date above stated.
(Born alive or stillborn.)

Signature J. J. Fowler
(Physician or midwife)

Address Miami, Arizona

Filed Oct 31 1924 O. C. J. Davis Local Registrar.
Filed 11-5 1924 B. E. J. O'Neil County Registrar.

Registrar.

536-1013-546

RECORD
WRITE PLAINLY WITH UNFADING INK. In case of more than one child at a birth, a SEPARATE RETURN should be made for each, and the date of birth stated.