

2015

N. B.—In case of 1 child, this child is the only child. In case of 2 or more children, this child is the first child in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of Miami

Town of Miami

or

City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 137

County Registrar No. 464

Local Registrar No. _____

2. Full name of child Maria Luzman (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female 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 Dec 4 1924 Month Day Year

8. FATHER Full name Jose S. Luzman

9. Residence (Usual place of abode) Miami Arizona If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 44 (Years)

12. Birthplace (city or place) Calisco-Verde (State or country)

13. Occupation Miner Nature of industry Copper

14. MOTHER Full maiden name Trinidad Comacho

15. Residence (Usual place of abode) Miami Arizona If non-resident, give place and state.

16. Color or race Mex 17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Lower California (State or country)

19. Occupation Housewife 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 3 (b) Born alive but now dead 0 (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 Boy (Born alive or stillborn.) on the date above stated

* 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 evidence of life after birth. Signature Charles E. Twine M.D. Address Miami Arizona (Physician or midwife)

Given name added from a supplemental report _____ Filed Dec 31 1924 C. E. Twine Local Registrar.

Month, day, year _____ Filed 1-5 1925 B. J. Jay County Registrar.

Registrar

475-1204-336