

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

1. County of Sala
District of _____
Town of _____
or Miami
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 137
County Registrar No. _____
Local Registrar No. 87

2. Full name of child Antonio Luevano Jr. No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

3. Sex of Child M. To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth 4 5 15
Month Day Year

8. FATHER
Full name Antonio Luevano

14. MOTHER
Full maiden name Abelina Romo

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

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

10. Color or race Mexican 11. Age at last birthday 21 (Years)

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

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

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

13. Occupation
Nature of industry Office work

19. Occupation
Nature of industry H.W.

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 1
(b) Born alive but now dead 0
(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 10 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 evidence of life after birth.
Signature Chas F Perkins (Physician or midwife)
Address Miami

Given name added from a supplemental report. Month, day, year Filed May 29 21 19 19 C. E. Davis Local Registrar.

Registrar Filed _____, 19____ County Registrar.

136-405-196