

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 123
 County Registrar No. 499
 Local Registrar No. _____

2. Full name of child Baby Luera 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.

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 Feb 8, 1926
 Month Day Year

8. FATHER
 Full name Juan Luera
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Josephina Hernandez
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

10. Color or race Mexican
 11. Age at last birthday 35 (Years)

16. Color or race Mexican
 17. Age at last birthday 32 (Years)

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

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

13. Occupation Not Working
 Nature of Industry Pulmonary TB

19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother 6
 (Taken as of time of birth of child herein certified and including this child)
 (a) Born alive and now living 5
 (b) Born alive but now dead 1
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Male Born at 8:30 P 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 Charles E. Jirin M.D.
 Address Miami, Arizona
 (Physician or midwife)

Given name added from a supplemental report. Filed Feb 10, 1926 C. E. Jirin
 Month, day, year Local Registrar.

Registrar _____ Filed _____ 19____ County Registrar.

031-208-189

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.
 WRITE PLAINLY IN INK—THIS IS A PERMANENT RECORD
 KEPT FOR D.N. INK