

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 Yuma  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or Miami  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 127  
County Registrar No. 915  
Local Registrar No. \_\_\_\_\_

County Hospital  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Dolly Jean Luna (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 November 4, 1926  
Month Day Year

8. FATHER Full name Elisha Clifford Luna

14. MOTHER Full maiden name Pearl Leona Hunt

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

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

10. Color or race White 11. Age at last birthday 34 (Years)

16. Color or race White 17. Age at last birthday 35 (Years)

12. Birthplace (city or place) Lainville Missouri  
(State or country)

18. Birthplace (city or place) West Plains Missouri  
(State or country)

13. Occupation J.C. Penny Co.  
Nature of industry

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 1 (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 born alive 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. Devin M.D. (Physician or midwife)

Address Miami Arizona

Given name added from a supplemental report. Filed Nov 14, 1926 Local Registrar.

Month, day, year \_\_\_\_\_ Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

431-1104-763