

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
 District of Gila  
 Town of Miami  
 or  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 116  
 County Registrar No. 190  
 Local Registrar No. \_\_\_\_\_

City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Cruz Luna ) If child is not yet named, make supplemental report, as directed.

3. Sex of Child Boy 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 May 3 - 1928  
 Month day year

8. FATHER  
 Full name Crespin Luna

14. MOTHER  
 Full maiden name Rufina Oueda

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

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

10. Color or race Mex  
 11. Age at last birthday 29 (Years)

16. Color or race Mex  
 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Aguis Colant  
 (State or country) Mex

18. Birthplace (city or place) Silver City  
 (State or country) New Mex

13. Occupation  
 Nature of industry Mines

19. Occupation  
 Nature of industry house wife

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 5  
 (b) Born alive but now dead \_\_\_\_\_  
 (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 alive 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 evidences of life after birth.  
 Signature L. M. Castillo  
 (Physician or midwife)  
 Address \_\_\_\_\_

Given name added from a supplemental report \_\_\_\_\_  
 Filed May 12 1928  
 Local Registrar.

Registrar. \_\_\_\_\_  
 County Registrar.

331-503-961

in order of birth stated.