

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

131  
 State File No. \_\_\_\_\_  
 Registered No. 312

PLACE OF BIRTH

City Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 914 Live Oak St 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.

2. Full name of child Jose Luna  
 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 July 6 1929  
Month Day Year

8. FATHER  
 Full name Manuel Luna

14. MOTHER  
 Full maiden name Rosario Bejerania

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 Mexican  
 11. Age at last birthday 29 (Years)

16. Color or race Mexican  
 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Safford  
 (State or country) Arizona

18. Birthplace (city or place) \_\_\_\_\_  
 (State or country) New Mexico

13. Occupation Miner  
 Nature of Industry Copper

19. Occupation Housewife  
 Nature of Industry \_\_\_\_\_

20. Number of children of this mother 4  
(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 \_\_\_\_\_  
 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 alive at 10:45 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 J. J. Franklin  
 \_\_\_\_\_  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Address Miami, Arizona

Month, day, year \_\_\_\_\_  
 Filled July 15 1929 Registrar C. E. Doring