

## ARIZONA STATE BOARD OF HEALTH

State File No. 2322Registered No. 137BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

## 1. PLACE OF BIRTH

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

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

3. Sex male If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth Aug 30, 1929  
 (Month, day, year)

9. Full name FATHER Crespin Luna18. Full maiden name MOTHER Rufina Quezada

10. Residence (usual place of abode) (If nonresident, give place and State) \_\_\_\_\_

19. Residence (usual place of abode) (If nonresident, give place and State) \_\_\_\_\_

11. Color or race Mex 12. Age at last birthday 31 (Years)20. Color or race \_\_\_\_\_ 21. Age at last birthday 33 (Years)13. Birthplace (city or place) (State or country) Mexico22. Birthplace (city or place) (State or country) Silver City New Mexico14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. \_\_\_\_\_

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ { months or weeks } 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 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.

(Signed) L. M. Castillo, M. D.

or \_\_\_\_\_, Midwife

Address Miami, Fla.Filed June 15, 1932 Co. E. D. D.Given name added from a supplemental report \_\_\_\_\_ (Date of) 231-820 981 Registrar.

Registrar.