

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

130
State File No. 482
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ Village _____
City Miami No. 200 Grover Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Velia 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 Oct. 12-1929
Month Day Year

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

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

10. Color or race Mex.
11. Age at last birthday 24 (Years)

16. Color or race Mex.
17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Durango
(State or country) Mex.

18. Birthplace (city or place) Douglas
(State or country) Arizona

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother. 2
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(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 at 11⁵⁰ P. m. on the date above stated.
(Born alive or stillborn.)

Signature Cyril M. Brown M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Address Miami, Arizona
Filed Oct 15 19 29 C. E. Dyer
Registrar Registrar

531-1012-639