

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 139

County Registrar No. 15

Local Registrar No. 15

PLACE OF BIRTH

1. County of Gila

District of _____

Town of Miami

or _____

City of _____

No. 536 Red Springs Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Graciela Higuerra

{ 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 _____

6. Legitimate? Yes

7. Date of birth January 5, 1927
Month Day Year

5. No., in order of birth _____

8. FATHER
Full name Felix Higuerra

14. MOTHER
Full maiden name Josefine Larinaga

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

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

10. Color or race Mexican
11. Age at last birthday 35 (Years)

16. Color or race Mexican
17. Age at last birthday 19 (Years)

12. Birthplace (city or place) _____
(State or country) Mexico

18. Birthplace (city or place) _____
(State or country) Mexico

13. Occupation Cobbler
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 2
(c) Stillborn 2

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 9:40 P 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 _____
Address Miami, Ariz
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Filed Feb 5 1927 _____
Local Registrar.
Registrar _____
County Registrar.

781-105-131