ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 146

Registered No. 3

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: ____ or Village: ____

City: Miami No. 901 Sullivan St., Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Julian Ruben Teran

{ If child is not yet named, make supplemental report, as directed.

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: Jan 7 1927 (Month Day Year)

FATHER

8. Full name: Hipolito Teran

9. Residence (Usual place of abode): 901 Sullivan St.

If non-resident, give place and state.

10. Color or race: Mexican

11. Age at last birthday: 26 (Years)

12. Birthplace (city or place): Michoacan

(State or country): Michoacan Mex

13. Occupation: Miner

Nature of industry: ____

MOTHER

14. Full maiden name: Vicenta Carrillo

15. Residence (Usual place of abode): 901 Sullivan St.

If non-resident, give place and state.

16. Color or race: Mexican

17. Age at last birthday: 23 (Years)

18. Birthplace (city or place): Villa Hidalgo

(State or country): Jalisco Mexico

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: 2

(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 (Born alive or stillborn.) at 6 a.m. on the date above stated

*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.

Given name added from a supplemental report ____ Month, day, year

Registrar ____

Signature: Rosa Cortez (Physician or midwife)

Address: 708 Sullivan St.

Filed: Jan 11, 1927 C. E. Jones Registrar

135-107-536

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.