

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

State File No. 434<sup>117</sup>

Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 1014 Sullivan St. Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Secorra Estrada (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Oct. 8 - 1927</u> Month Day Year
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**8. FATHER**  
Full name Francisco Estrada  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.  
10. Color or race Mex.  
11. Age at last birthday 23 (Years)  
12. Birthplace (city or place) Clifton, Arizona  
(State or country)  
13. Occupation  
Nature of Industry Miner

**14. MOTHER**  
Full maiden name Tomasa Mendoza  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.  
16. Color or race Mex.  
17. Age at last birthday 19 (Years)  
18. Birthplace (city or place) Chihuahua, Mex.  
(State or country)  
19. Occupation  
Nature of Industry Housewife

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 <u>1</u> (b) Born alive but now dead <u>1</u> (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? _____
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was stillborn at 7 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 Cyril M. Lerow M.D.  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address Miami, Arizona  
Filed Oct 15 1927 L E J...  
Registrar Registrar

ORL 3, and SEPARATE order of B.

251-10086-311