

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 132a  
Registered No. 421

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village P.O. Box 131 - Claypool, Ariz.  
City Miami No. 43 Warrior Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Carmestina Heredia } 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 March 4 - 1930  
Month Day Year

**8. FATHER**  
Full name Ezequiel Heredia  
9. Residence (Usual place of abode) Miami, Arizona.  
If non-resident, give place and state. Arizona.  
10. Color or race Mex  
11. Age at last birthday 43 (Years)  
12. Birthplace (city or place) Agua Calientes, Mex.  
(State or country)  
13. Occupation  
Nature of Industry Miner

**14. MOTHER**  
Full maiden name Sarah Luera  
15. Residence (Usual place of abode) Miami, Arizona.  
If non-resident, give place and state. Arizona.  
16. Color or race Mex  
17. Age at last birthday 31 (Years)  
18. Birthplace (city or place) Chihuahua, Mex.  
(State or country)  
19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother 3 } (a) Born alive and now living 2  
(Taken as of time of birth of child herein } (b) Born alive but now dead 0  
certified and including this child.) } (c) Stillborn \_\_\_\_\_ } 21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*30**

hereby certify that I attended the birth of this child, who was born alive at 4 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Cyril M. Brown M.D. (Physician or midwife.)

Given name added from supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year 581-304-231 Filed July 17, 1930  
Registrar H. G. Brown