

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

191  
1918  
State File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Yuma State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 3120 Homes St. \_\_\_\_\_  
If birth occurred in a hospital or institution, give its NAME instead of street and number

**2. Full name of child** Carmen Herrera { If child is not yet named, make supplemental report, as directed.

<b>3. Sex of Child</b> <u>Female</u>	<b>To be answered ONLY in event of plural births.</b>	<b>4. Twin, triplet or other</b> _____	<b>6. Legitimate?</b> <u>Yes</u>	<b>7. Date of birth</b> <u>July 17-1930</u> Month Day Year
		<b>5. No., in order of birth</b> _____		

**8. FATHER**  
Full name Florencio Herrera

**14. MOTHER**  
Full maiden name Anacia Barron

**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

**17. Color or race**  
Mexican

**11. Age at last birthday** 40 (Years)

**17. Age at last birthday** 25 (Years)

**12. Birthplace** (city or place) Juarez, Mexico  
(State or country)

**18. Birthplace** (city or place) Durango, Mexico  
(State or country)

**13. Occupation**  
Nature of industry Broker

**19. Occupation**  
Nature of industry H. W.

**20. Number of children of this mother** 5

(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 4  
(b) Born alive but now dead 1  
(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 at 12:30 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 Charles E. Jones  
M.D.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address \_\_\_\_\_

Registrar July 20, 1930 C. E. Jones  
Registrar

381-717-825

N. B.—In cases of more than one child at a birth, a separate certificate must be filed in the order of birth stated.