ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 139

Registered No. 87

1. PLACE OF BIRTH

County Gila State ARIZONA

District or Township ..... or Village .....

City MIAMI No. 1115 Sullivan St. ..... Ward

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

2. Full name of child Guadalupe Armida Herrera [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 of birth March 21 1932 (Month Day Year)

8. FATHER

Full name Benjamen Herrera

9. Residence (Usual place of abode) MIAMI, ARIZONA

If non-resident, give place and state.

10. Color or race Mexican | 11. Age at last birthday 22 (Years)

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

13. Occupation Surface laborer

Nature of industry Copper mine

14. MOTHER

Full maiden name Teresa Estevani

15. Residence (Usual place of abode) MIAMI, ARIZONA

If non-resident, give place and state.

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

18. Birthplace (city or place) Morenci (State or country) Arizona

19. Occupation Housewife

Nature of industry

20. Number of children of this mother 1 (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 0

(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 alive (Born alive or stillborn.) at 12:01 P 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.

Signature F. F. Miller

F. F. MILLER, M. D.

(Physician or midwife).

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

Address MIAMI, ARIZONA

781-321-359 Registrar

Filed April 4, 1932, C. E. Ornie Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.