ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 98

Registered No. 78

1. PLACE OF BIRTH

County Gila State Arizona

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

City Miami No. 3221 Turkey Shoot Canon Ward

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

2. Full name of child Espiranza Herrerra { If child is not yet named, make supplemental report, as directed

3. Sex Female | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Aug. 1, 1932 (Month, day, year)

FATHER	MOTHER
9. Full name Florencio Herrerra	18. Full maiden name Atenacia Barron
10. Residence (usual place of abode) (If nonresident, give place and State) Miami Arizona	19. Residence (usual place of abode) (If nonresident, give place and State) Miami Arizona
11. Color or race Mex 12. Age at last birthday 42 (Years)	20. Color or race Mex 21. Age at last birthday 30 (Years)
13. Birthplace (city or place) Guanajuato (State or country) Mex.	22. Birthplace (city or place) Durango (State or country) Mex.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn 0

28. If stillborn, period of gestation ..... { months or weeks | 29. Cause of stillbirth ..... { Before labor ..... During labor .....

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 9 25 A. m. on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report 581-801-125 (Date of)

(Signed) Cyril M. Crow M.D., M.D.

or ....., Midwife

Address Miami Arizona

Filed Aug. 20, 1932 S. E. Irvin Registrar.

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

I. 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.