Item 8 entered per Aff. of Reg. 2 + 14 Corrected by Voters Reg. 6-27-70, marriage Cert, 7-28-56 (1-3-74)

CERTIFICATE AMENDED SEE NOTATION

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 97A

Registered No. 1054

PLACE OF BIRTH

County: Gila — State: Arizona

District or Township: — or Village:

City: Globe — No. 437 Hackney Ave. St. — Ward

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

1. Full name of child: Ellen B. Parra (If child is not yet named, make supplemental report, as directed.)

2. Sex of Child: F

3. To be answered ONLY in event of plural births. 4. Twin, triplet or other: 5. No., in order of birth: 6

6. Legitimate? yes

7. Date of birth: Aug 8 — 32 (Month Day Year)

FATHER

8. Full name: Marcial Parra

9. Residence (Usual place of abode): Winkelman

If non-resident, give place and state.

10. Color or race: Mex

11. Age at last birthday: 38 (Years)

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

13. Occupation: Laborer — Nature of Industry

MOTHER

14. Full maiden name: Aurora Buranda

15. Residence (Usual place of abode): Winkelman

If non-resident, give place and state. Ariz

16. Color or race: Mex

17. Age at last birthday: 36 (Years)

18. Birthplace (city or place): Ariz (State or country) Pinal

19. Occupation: Housewife — Nature of Industry

20. Number of children of this mother: 6 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 6

(b) Born alive but now dead: —

(c) Stillborn: —

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 alive (Born alive or stillborn.) at 12 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: R. D. Kennedy (Physician or Midwife)

Given name added from supplemental report 571-808-121 (Month, day, year)

Address:

Registrar

Filed 10/6, 1932 — L. E. Wightman M.D. Registrar

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING