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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 184

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 173

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Miami

or

City of _____

(No. _____ St. _____ Ward)

FULL NAME OF CHILD Amador Herrera

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive: YES ~~NO~~

Sex of Child	~~Twin~~, ~~Triplet~~ or other	and Number in order of birth	Legitimate?	Date of Birth (Month, Day, Yr.)
Male		3	Yes	April 30 – 1921

FATHER		MOTHER	
Full Name	Thiophilo Herrera	Full Maiden Name	Maximina Herrera
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	24 Years	Age at last Birthday	25 Years
Birthplace	Jalisco - Mex	Birthplace	Jalisco - Mex
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 3 | Number of Children, of this mother, now living 3 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on April 30, 1921 at 4 P. M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature C. M. Crow M.D.
Attending physician, midwife, householder.*

Address Miami, Ariz.

Given or Christian name added from a supplemental report _____ 191__

Filed Apr 30 1921 B. M. Wade M.D.
LOCAL REGISTRAR.

181-430-481
COUNTY REGISTRAR.

Filed May 7 1921 A True Copy
COUNTY REGISTRAR.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.