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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 184

Co. Registrar's No. 169 ~~170~~

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 Ester Cabrera | Born Alive | YES ~~NO~~

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

Sex of Child Female | ~~Twin, Triplet~~ or other | and | Number in order of birth 5 | Legitimate? yes | Date of Birth April 21 1922 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Luz Cabrera	Full Maiden Name	Carmen Herrera
Residence	Miami Arizona	Residence	Miami Ariz.
Color or Race	Mex	Color or Race	Mex.
Age at last Birthday	30 Years	Age at last Birthday	22 Years
Birthplace	Guanajuato, Mex	Birthplace	Guanajuato, Mex.
Occupation	Tailor	Occupation	Housewife

Number of child of this Mother 5 | Number of Children, of this mother, now living 4 | 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 21, 191__, at 6 A.M.

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

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

Address Miami, Arizona

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

Filed Apr. 30 1922 B. M. Hardy
LOCAL REGISTRAR.

S31-421-361
COUNTY REGISTRAR.

Filed 5/6 1922 A True Copy B. G. Fox
COUNTY REGISTRAR.

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.