

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
1. County of Hila
District of _____
Town of Miami
or
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 131
County Registrar No. 429
Local Registrar No. _____

2. Full name of child Leonore Cabrera
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 1 6. Legitimate? yes 7. Date of birth July 1-1923
Month Day Year

8. FATHER
Full name Luz Cabrera
9. Residence (Usual place of abode) Miami - Ariz.
If nonresident, give place and state

14. MOTHER
Full maiden name Carmen Herrera
15. Residence (Usual place of abode) Miami - Ariz.
If nonresident, give place and state

10. Color or race Mex 11. Age at last birthday 32 (Years)

16. Color or race Mex 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Huanaguato
(State or country) Mex

18. Birthplace (city or place) Huanaguato
(State or country) Mex

13. Occupation
Nature of industry Tailor

19. Occupation
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 5
(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 born (Born alive or stillborn) at 3 A. 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 C. M. Cron M.D. (Physician or midwife)
Address Miami - Ariz.

Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____
Filed July 31 1923 C. E. Jones Local Registrar.
Filed Aug 3 1923 B. S. Jones County Registrar.

331-701-371