

1166

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 Sala
District of _____
Town of Micomo
or Inspiracion
City of _____

State Index No. 111
County Registrar No. 377
Local Registrar No. _____

2. Full name of child Marcia Herrera (If birth occurred in a hospital or institution, give its NAME instead of street and number) No. _____ St. _____ Ward _____

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 11 6. Legitimate? yes 7. Date of birth May 4 1924 (If child is not yet named, make supplemental report, as directed.)
Month Day Year

FATHER		MOTHER	
8. Full name <u>Desidero Herrera</u>		14. Full maiden name <u>Fabiana Ojeda</u>	
9. Residence (Usual place of abode) <u>Inspiracion</u> If nonresident, give place and state <u>Ariz</u>		15. Residence (Usual place of abode) <u>Inspiracion</u> If nonresident, give place and state <u>Ariz.</u>	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>44</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>42</u> (Years)
12. Birthplace (city or place) <u>Mexico</u> (State or country)		18. Birthplace (city or place) <u>Mexico</u> (State or country)	
13. Occupation <u>Miner</u> Nature of industry <u>Mining</u>		19. Occupation <u>Housewife</u> Nature of industry	
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 <u>10</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>None</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn.) at 11 P 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 John Hagan (Physician or midwife)
Address Inspiracion Ariz.

Given name added from a supplemental report _____
Month, day, year. _____

Filed May 31 19 24 C. E. Devin Local Registrar.
Filed 6-6- 19 24 B. Y. Joy County Registrar.

481-504-666