

WRITE PLAINLY WITH INK. 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
 STANDARD CERTIFICATE OF BIRTH

State File No. 212
 Registered No. 308

1. PLACE OF BIRTH

County Pima State Arizona
 District or Township _____ or Village _____
 City Miami No. 3503 Doornis St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Manuela Herrera [If child is not yet named, make supplemental report, as directed.]

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Oct 30, 1925</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
 Full name Dabas Herrera
 9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

10. Color or race Mexican
 11. Age at last birthday 33 (Years)

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

13. Occupation Miner, Copper
Nature of industry

14. MOTHER
 Full maiden name Manuela Sanchez
 15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

16. Color or race Mexican
 17. Age at last birthday 31 (Years)

18. Birthplace (city or place) _____
(State or country) Mexico

19. Occupation Housewife
Nature of industry

20. Number of children of this mother <u>6</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:30 p. m. on the date above stated
(Born alive or stillborn.)

* 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 [Signature]
(Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Nov 5, 1925 [Signature] Registrar

441-1030-429