

NOTE: THIS FORM IS TO BE FILLED OUT BY THE PHYSICIAN, MIDWIFE, OR OTHER PERSON WHO ATTENDS AT THE BIRTH, IN SEVERAL CASES, THIS FORM MAY BE FILLED OUT BY THE MOTHER OR OTHER PERSON AT THE BIRTH, IN ORDER OF BIRTH STATED.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

V

1. County of Gila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 150
County Registrar No. _____
Local Registrar No. 405

2. Full name of child Eusebio Herrera (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Dec. 14, 1926
Month Day Year

8. FATHER
Full name Deciderio Herrera

14. MOTHER
Full maiden name Fabiana Osata

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 42 (Years)

16. Color or race Mex. 17. Age at last birthday 40 (Years)

12. Birthplace (city or place) Durango, Mex.
(State or country)

18. Birthplace (city or place) Durango, Mex.
(State or country)

13. Occupation
Nature of Industry Miner

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 11
(b) Born alive but now dead 1
(c) Stillborn _____

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 at 11:30 A. 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 Cyril M. Brown M.D.
Address Miami, Arizona
(Physician or midwife)

Given name added from a supplemental report. Filed Jan 4, 1927 R E Dink
Month, day, year Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar _____

581-1214-661