

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 186
 County Registrar No. 484
 Local Registrar No. _____

No. E-16 Sani Canyon St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Juan Herrera { 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 _____ 6. Legitimate? yes 7. Date of birth January 22 1926
 Month Day Year

8. FATHER
 Full name Eduardo Herrera

14. MOTHER
 Full maiden name Matilda Gradio

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

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

10. Color or race Mexican 11. Age at last birthday 40 (Years)

16. Color or race Mexican 17. Age at last birthday 28 (Years)

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

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

13. Occupation miner
 Nature of industry Copper

19. Occupation Housewife
 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 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 alive at 3:15 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 J. J. Miller (Physician or midwife)

Address Miami Ariz

Given name added from a supplemental report. Filed Feb 3 1926 R. E. Davis Local Registrar.
 Month, day, year

Registrar _____ Filed _____ 19 _____ County Registrar _____

181-122-472