

WRITE ONLY WITH UNFADING INK—THIS IS AT 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 Yila
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 134
 County Registrar No. 847
 Local Registrar No. _____

2. Full name of child Tedora Duran
 No. 127 Grover Canon St. _____ Ward _____
 (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 Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Sept 15, 1926
 Month Day Year

9. FATHER
 Full name Juan Duran
 Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona
 10. Color or race Mex.
 11. Age at last birthday 37 (Years)
 12. Birthplace (city or place) Zacatecas,
 (State or country) Mex.
 13. Occupation
 Nature of industry Laborer

14. MOTHER
 Full maiden name Esperidion Avila
 15. Residence (Usual place of abode) Miami,
 If non-resident, give place and state. Arizona
 16. Color or race Mex.
 17. Age at last birthday 37 (Years)
 18. Birthplace (city or place) Zacatecas,
 (State or country) Mex.
 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 3
 (b) Born alive but now dead _____
 (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 740 _____ 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 Byrul M. Cronin, M.D.
 Address Miami, Arizona
 (Physician or midwife).

Given name added from a supplemental report _____
 Month, day, year _____
 Filed Oct 4 1926 _____
 Registrar _____ Local Registrar R. E. Dora
 County Registrar _____

345-915-511