

WRITE INLY WITH UNFADING INK—THIS IS A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH
Osela

ARIZONA STATE BOARD OF HEALTH

138

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

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____
County Registrar No. *835*
Local Registrar No. _____

No. *3210* *Louis Ave* St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child *Eugenio 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 *Sept 16 - 1926*
Month Day Year

8. FATHER
Full name *Francisco Herrera*
9. Residence (Usual place of abode) *Miami, Fla*
If non-resident, give place and state.
10. Color or race *Mexican*
11. Age at last birthday *36* (Years)

14. MOTHER
Full maiden name *Atanacia Barron*
15. Residence (Usual place of abode) *Miami, Fla*
If non-resident, give place and state.
16. Color or race *Mexican*
17. Age at last birthday *22* (Years)

12. Birthplace (city or place) *Mexico*
(State or country)
13. Occupation *Merchant*
Nature of industry

18. Birthplace (city or place) *Mexico*
(State or country)
19. Occupation *Merchant*
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 *3*
(b) Born alive but now dead *1*
(c) Stillborn *none*

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 _____ at *10:40 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 *E. J. Ardel M.D.*
(Physician or midwife)

Address *Miami, Fla*

Given name added from a supplemental report _____
Month, day, year *Sept 26*, 19 *26*

E. E. Drigh
Local Registrar.

Registrar Filed _____, 19____ County Registrar.

581-916-125