

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. ¹⁴⁷ 3/6

Registered No. 3/6

1. PLACE OF BIRTH

County Gila State _____

District or Township _____ or Village _____

City Miami No. 3210 Louis St. _____ Ward _____

2. Full name of child Alejo Marcelino 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 M To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? Y 7. Date of birth July 16, 1928
5. No., in order of birth _____ Month Day Year

8. FATHER
Full name Florencio Herrera

14. MOTHER
Full maiden name Anastacia Barron

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

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If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 36 (Years)

15. Color or race Mexican 17. Age at last birthday 25 (Years)

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

18. Birthplace (city or place) Surango Mex
(State or country)

13. Occupation Grocery man
Nature of industry

19. Occupation N. W
Nature of industry

20. Number of children of this mother 5
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(b) Born alive but now dead 1
(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 Born alive at Miami Fla on the date above stated.
(Born alive or stillborn)

Signature Charles E. Davis
M.D.
(Physician or midwife).

Given name added from _____ Address Miami Fla

Month, day, year July 21, 1928 Filed _____
Registrar. C. E. Davis Registrar.

181-716-125

In case of N. 240 the order of birth stated.