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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 165

Co. Registrar No. 362

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of ..... No. ..... St. ..... Ward)

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ernesto Duran — 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? 7. Date of birth Aug 27. 1928 (Month, day, year)

FATHER	MOTHER
8. Full name This woman declines to give name of father.	14. Full maiden name Juana Duran
9. Residence (Usual place of abode) If nonresident, give place and State El Paso Texas	15. Residence (Usual place of abode) If nonresident, give place and State Miami Arizona
10. Color or race Not Known 11. Age at last birthday ..... (Years)	16. Color or race Mexican 17. Age at last birthday 27 (Years)
12. Birthplace (city or place) (State or country) Not Known	18. Birthplace (city or place) Chihuahua (State or country) Mex
13. Occupation Nature of Industry	19. Occupation Nature of Industry At Home

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 2 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 1:30 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 Charles E. Twin M.D.
(Physician or midwife)

Address Miami Arizona

Given name added from a supplemental report ..... (Month, day, year)

Filed Aug 30, 1928 C. E. Twin
Local Registrar.

Filed ....., 19.....
County Registrar.

..... Registrar.

545-827-145