

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 order of birth stated.

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 STANDARD CERTIFICATE OF BIRTH

State File No. 106
 Registered No. 389

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 26 Davis Canon St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Maria Judith Parra (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. 1-1928
 Month Day Year

8. FATHER
 Full name Herculano Parra
 9. Residence (Usual place of abode) Miami, Arizona.
 If non-resident, give place and state.
 10. Color or race Mex.
 11. Age at last birthday 41 (Years)
 12. Birthplace (city or place) Chihuahua, Mex.
 (State or country)
 13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Ysidra Lopez
 15. Residence (Usual place of abode) Miami, Arizona.
 If non-resident, give place and state.
 16. Color or race Mex.
 17. Age at last birthday 29 (Years)
 18. Birthplace (city or place) Chihuahua, Mex.
 (State or country)
 19. Occupation
 Nature of industry Housewife

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 _____
 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 8:30 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 Leyril M. Brown M.D.
 Physician (Physician or midwife).
 Given name added from _____ Address Miami, Arizona
 a supplemental report. Month, day, year _____
 Registrar. Filed Sept 12, 1928 Registrar. C. E. Brown

471-901-839