

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

State File No. 124  
 Registered No. 509

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 18 Dairy Canon Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Serifina Corral  
 (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 Nov. 2 - 1928  
 Month Day Year

**FATHER**  
 8. Full name Jose Corral  
 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 33 (Years)  
 12. Birthplace (city or place) Durango, Mex.  
 (State or country) \_\_\_\_\_  
 13. Occupation  
 Nature of industry Miner

**MOTHER**  
 14. Full maiden name Tiburcia Herrera  
 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 30 (Years)  
 18. Birthplace (city or place) Durango, Mex.  
 (State or country) \_\_\_\_\_  
 19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother 2  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 5  
 (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 alive at 10 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 Cyril M. Brown  
Physician (Physician or midwife).  
 Address Miami, Arizona  
 Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Filed Jan 2 1929 Registrar C. E. Dorn  
 Registrar \_\_\_\_\_

233-1102-381