

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

State File No. 193
 Registered No. 52

1. PLACE OF BIRTH

County Gila State Ariz.
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Simon Herrera
{ 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 _____ 6. Legitimate? Yes 7. Date of birth 3-24-1929
 Month Day Year

8. FATHER
 Full name Venestado Herrera

14. MOTHER
 Full maiden name Carlota Minjares

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

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 If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 27 (Years)

16. Color or race Mex. 17. Age at last birthday 19 (Years)

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

18. Birthplace (city or place) Santa Rita, New Mex.
 (State or country)

13. Occupation Laborer
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 3 (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 0
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes.

I hereby certify that I attended the birth of this child, who was _____ at _____ 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 J.C. Harper

 (Physician or midwife)

Given name added from a supplemental report _____
 Address Globe, Arizona
 Filed 4/8, 1929 J.E. Wightman
 Registrar

281-324-342