

Supplement Attached

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County of Dela
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 155
 County Registrar No. 18
 Local Registrar No. _____

2. Full name of child Bumerinda Hernandez
(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 yes
 6. Legitimate? yes
 7. Date of birth January 13 1927
Month Day Year

8. FATHER
 Full name José Hernandez
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Julalia Rodriguez
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

10. Color or race Mexican
 11. Age at last birthday 25 (Years)

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

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

18. Birthplace (city or place) _____
 (State or country) Mexico

13. Occupation miner
 Nature of industry Copper

19. Occupation Housewife
 Nature of industry _____

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 1
 (b) Born alive but now dead 0
 (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 alive at 11:30 P 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. J. Miller
(Physician or midwife.)

Address Miami, Arizona

Given name added from a supplemental report Feb 5 27 Filed _____ 19 _____
Month, day, year Local Registrar.

Registrar _____ Filed _____ 19 _____ County Registrar.

of each in
 of each in
 a birth, a SEP-24-27 RE-1001 (must be in case of each, and the in
 order of birth stated.

889-113-599