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

State File No. 173
Registered No. 262

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 3012 Turkey Shoot Canon St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Agripina 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 ..... | 6. Legitimate? yes | 7. Date of birth June 23 - 1927 (Month Day Year)

8. FATHER	14. MOTHER
Full name Isidro Hernandez	Full maiden name Maria Hernandez
9. Residence (Usual place of abode) Miami	15 Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona	If non-resident, give place and state. Arizona
10. Color or race Mex.	16 Color or race Mex.
11. Age at last birthday 34 (Years)	17. Age at last birthday 24 (Years)
12. Birthplace (city or place) Jalisco (State or country) Mex.	18. Birthplace (city or place) Jalisco. (State or country) Mex.
13. Occupation Nature of industry Miner	19. Occupation Nature of industry Housewife

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 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 7 30 A. m. on the date above stated (Born alive or stillborn.)

Signature Cyril M. Cron M.D.
Physician (Physician or midwife)

Address Miami, Arizona

Filed June 30, 1927 C. E. [illegible] Registrar

* 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.

Given name added from supplemental report ..... Month, day, year

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