

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

State File No. 190  
 Registered No. 51

**1. PLACE OF BIRTH**

County Sila State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rodolfo Hernandez { 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 July 22 1927  
Month Day Year

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

14. MOTHER  
 Full name Concepcion Lopez  
 15. Residence (Usual place of abode) Hayden  
 If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 50 (Years)

16. Color or race Mexican 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Agua Caliente  
(State or country) San Mex.

18. Birthplace (city or place) La Ovea  
(State or country) San Mex.

13. Occupation Labour  
 Nature of Industry Copper Mill

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 5  
 (b) Born alive but now dead 2  
 (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 Born alive 12:30 A.M. on the date above stated

\* 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 Charles B. Huels  
Hayden, Ariz.  
(Physician or Midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Hayden, Ariz.

Month, day, year 989-722-569 Filled July 23rd 1927 W.D.T. Dyer  
 Registrar Registrar

LIT 11-1-1908  
 SEPARATE RETURN MUST BE MADE IN ORDER OF BIRTH STATED.