

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1142

Registered No. 467

1. PLACE OF BIRTH

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village P.O. Box 458  
 City Miami No. 42 Pine Oak Canyon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eugenio Fernandez

{ 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 \_\_\_\_\_ Legitimate? yes 7. Date of birth Sept. 1 - 1927  
 Month Day Year

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

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

10. Color or race Spanish 11. Age at last birthday 30 (Years)

16. Color or race Mex 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Cornelo - San Jander - Spain  
(State or country)

18. Birthplace (city or place) Guanajuato, Mex.  
(State or country)

13. Occupation  
 Nature of industry Miner

19. Occupation  
 Nature of industry Housewife

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 3  
 (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 7 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 Byron M. Brown M.D.  
 \_\_\_\_\_  
 Physician (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
 Address Miami, Arizona  
 Month, day, year \_\_\_\_\_

Filed Oct 11, 1927 Registrar

Registrar

Registrar

569-901-441