

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 145
 County Registrar No. 406
 Local Registrar No. _____

PLACE OF BIRTH
 1. County of Phila
 District of _____
 Town of Miami
 or _____
 City of _____

No. 1017 Alderman
 (If birth occurred in a hospital or institution, give its St. _____ Ward _____)

2. Full name of child Parfiria Hernandez
 3. Sex of Child female To be answered ONLY in event of plural births. } 4. Twin, triplet or other? _____
 6. Legitimate? yes } 7. Date of birth Sept 15 1927
 5. No., in order of birth _____ } Month _____ Day _____ Year _____

8. FATHER
 Full name Juventino Hernandez
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 10. Color or race Mexican
 11. Age at last birthday 30 (Years)
 12. Birthplace (city or place) _____
 (State or country) Mexico
 13. Occupation Miner
 Nature of Industry Copper

14. MOTHER
 Full maiden name Maria Gonzalez
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 16. Color or race Mexican
 17. Age at last birthday 26 (Years)
 18. Birthplace (city or place) _____
 (State or country) Mexico
 19. Occupation Housewife
 Nature of Industry _____

20. Number of children of this mother } (a) Born alive and now living 3
 (Taken as of time of birth of child herein } (b) Born alive but now dead 0
 certified and including this child.) } (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 12:05A m. on the date above stated
 (Born alive or stillborn.)
 Signature J. J. Miller
 (Physician or midwife)
 Address Miami, Arizona

*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 a supplemental report. Month, day, year Sept 20 1927
 Registrar _____ Filed _____ 19____
 Local Registrar Lo. G. Dorn
 County Registrar _____

489-915-472