

PERMANENT RECORD
SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 4/194
Registered No. 4/26

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 239 Depot Hill St. _____ Ward _____
(If birth occurred in hospital or institution, give its NAME instead of street and number)

2. Full name of child

Arturo 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

Oct. 3 - 1927
Month Day Year

8. FATHER

Full name Damacio Hernandez

9. Residence (Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

10. Color or race

Mex.

11. Age at last birthday

28 (Years)

12. Birthplace (city or place)

Jalisco Mex.

(State or country)

13. Occupation

Nature of Industry

Miner

14. MOTHER

Full maiden name Cruz Martinez

15. Residence (Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

16. Color or race

Mex.

17. Age at last birthday

27 (Years)

18. Birthplace (city or place)

Chihuahua Mex.

(State or country)

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 5

(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 9 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 Cyril M. Brown M.D.

Physician
(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Address Miami, Arizona

Filed Oct 15 1927

Registrar

Registrar

189-1003-349