

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

State File No. 12

Registered No. 4

1. PLACE OF BIRTH
County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 12 Depot Hill St. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Genovive Fernandez (If child is not yet named, 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 Oct. 10 - 1919
Month Day Year

8. FATHER
Full name Isobelle Fernandez
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Mex
11. Age at last birthday 33 (Years)

14. MOTHER
Full maiden name Maria G. Lopez
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Guadalajara, Mex.
(State or country)
13. Occupation
Nature of industry Miner

18. Birthplace (city or place) Jalisco, Mex.
(State or country)
19. Occupation
Nature of industry Housewife

20. Number of children of this mother _____ (a) Born alive and now living 4
(b) Born alive but now dead 1
(c) Stillborn _____ 21. Were precautions taken against opthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 A. m. on the date above stated.
(Born alive or stillborn)

Signature Layril M. Brown M.D.
Physician
(Physician or midwife).

Given name added from _____ Address Miami, Ariz.

a supplemental report _____ Month, day, year _____
Filed 10-11-19 1919 L. E. Brown Registrar

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