

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

232 ¹⁸⁶
 State File No. 159
 Registered No. _____

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 908 Line Oak St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ignacio 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 _____ 5. No., in order of birth _____
 6. Legitimate? yes 7. Date of birth January 19 1930
 Month Day Year

6. FATHER
 Full name Reynaldo Hernandez

14. MOTHER
 Full maiden name Celestina Franco

9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

10. Color or race Mexican

11. Age at last birthday 22 (Years)

16. Color or race Mexican

17. Age at last birthday 20 (Years)

12. Birthplace (city or place) _____
 (State or country) Mexico

18. Birthplace (city or place) _____
 (State or country) Mexico

13. Occupation miner
 Nature of industry _____

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 1
 (b) Born alive but now dead 0
 (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 1:15 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 H. J. Miller
M.D.
 (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Feb 1, 1930 Registrar C. G. J. J. J.

Registrar.

989 - 119 - 366

order of birth stated.