

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 200

Registered No. 17

1. PLACE OF BIRTH

County Sula State \_\_\_\_\_

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Cituro Hernandez (If birth occurred in a hospital or institution, give its NAME instead of street and number) { If child is not yet named, make supplemental report, as directed.

3. Sex of Child To be answered ONLY in event of plural Births. Male 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. 1 6. Legitimate? Yes 7. Date of birth Feb 23 1930 Month Day Year

8. FATHER

Full name Alonzo Hernandez

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

10. Color of race Mexican

11. Age at last birthday 22 (Years)

12. Birthplace (city or town) Union de San Antonio (State or country) Texas

13. Occupation Labourer Nature of Industry \_\_\_\_\_

14. MOTHER

Full maiden name Jesus Quintana

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

16. Color of race Mexican

17. Age at last birthday 21 (Years)

18. Birthplace (city or town) Free (State or country) Agateas

19. Occupation House wife Nature of Industry \_\_\_\_\_

20. Number of children of this mother \_\_\_\_\_ (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead. 0 (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 3:30 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 Charles H. ...

Given name added from a supplemental report \_\_\_\_\_ Address Hayden Arizona (Physician or midwife.)

Month, day, year \_\_\_\_\_ Filed Feb 26 1930 W.D. Mail Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, in order of birth.

189-223-122