

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 1161

Registered No. 364

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alfred 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. Yes  
 5. No. in order of birth 1  
 6. Legitimate? Yes  
 7. Date of birth Apr 9 1930  
 Month Day Year

8. FATHER  
 Full name Alfred Hernandez

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

10. Color or race Mex

11. Age at last birthday 23 (Years)

12. Birthplace (city or place) Tucson  
(State or country)

13. Occupation Laborer  
 Nature of Industry

14. MOTHER  
 Full maiden name Maria Juera

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

16. Color or race Mex

17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Tucson  
(State or country)

19. Occupation Housewife  
 Nature of Industry

20. Number of children of this mother 2  
(Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 2  
 (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 \_\_\_\_\_ at \_\_\_\_\_ 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 Chas B. Hurston D  
(Physician or midwife)

Given name added from a supplemental report. Month, day, year  
189-409-471  
 Registrar.

Address Hayden Ariz  
4500 Duval  
 Filed 4/12 1930 Registrar.