

ARIZONA STATE BOARD OF HEALTH

State File No. 222
Registered No. 213

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 90 Grover Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Josephina Hernandez } If child is not yet named, make 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 Apr. 30-1930. }
Month Day Year

8. FATHER
Full name Juan G. 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 38 (Years)

12. Birthplace (city or place) Almira
(State or country) Spain

13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Espiranza Hernandez
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 23 (Years)

18. Birthplace (city or place) Michoacan
(State or country) Mex.

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. 6 } (a) Born alive and now living 5
(Taken as of time of birth of child herein } (b) Born alive but now dead 1
certified and including this child.) } (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 born alive at 11-0 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 Leyril M. Brown M.D.

(Physician or midwife.)

Given name added from _____ Address Miami, Arizona.

189-430-589
Month, day, year
Registrar.

Filed May 17 30 19 _____
Registrar.