ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 452

Registered No. 7

1. PLACE OF BIRTH

County Gila State Arizona

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 Jose M. Fernandez { If child is not yet named, make supplemental report, as directed

3. Sex Male | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Jan 13, 1931 (Month, day, year)

FATHER	MOTHER
9. Full name Yrieno M. Fernandez	18. Full maiden name Francisca Moreno
10. Residence (usual place of abode) (If nonresident, give place and State) Hayden, Ariz	19. Residence (usual place of abode) (If nonresident, give place and State) Hayden, Ariz
11. Color or race Mex 12. Age at last birthday 28 (Years)	20. Color or race Mex 21. Age at last birthday 25 (Years)
13. Birthplace (city or place) (State or country) Durango, Mexico	22. Birthplace (city or place) (State or country) El Paso, Texas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper Smelter	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work Jan 13th, 1931 17. Total time (years) spent in this work 12	25. Date (month and year) last engaged in this work Jan 13th, 1931 26. Total time (years) spent in this work 8

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation ..... { months or weeks | 29. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2 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.

(Signed) Yrieno M. Fernandez ~~M.D.~~

or Father ~~Midwife~~

Address Hayden, Arizona

Given name added from a supplemental report ..... (Date of)

Filed Jan 19th 1931 [signature] Registrar.

Registrar.

169-113-646

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, and the number of each in order of birth stated.