

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 171
Registered No. 12

1. PLACE OF BIRTH

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

2. Full name of child. Ramon Hernandez { If child is not yet named, make supplemental report, as directed

Sex Male If plural births _____ 4. Twin, triplet, or other. _____ 6. Premature Yes 7. Legitimate Yes 8. Date of birth Jan 21, 1931
Full term Yes mate Yes (month, day, year)

<p>9. Full name of FATHER <u>Ruy Hernandez</u></p> <p>10. Residence (usual place of abode) (If nonresident, give place and State) <u>Superior, Arizona</u></p> <p>11. Color of hair <u>Brown</u> 12. Age at last birthday <u>53</u> (Years)</p> <p>13. Birthplace (city or place) (State or country) <u>San Luis Obispo, California</u></p> <p>14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u></p> <p>15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Iron smelter</u></p> <p>16. Date (month and year) last engaged in this work _____, 19____</p>	<p>9. Full name of MOTHER <u>Concepcion Flores</u></p> <p>10. Residence (usual place of abode) (If nonresident, give place and State) <u>Superior, Arizona</u></p> <p>11. Color of hair <u>Black</u> 12. Age at last birthday <u>36</u> (Years)</p> <p>13. Birthplace (city or place) (State or country) <u>San Diego, California</u></p> <p>14. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u></p> <p>15. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____</p> <p>16. Date (month and year) last engaged in this work _____, 19____</p>
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27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead _____ (c) Stillborn _____

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 _____ at 2:50 p.m. on the date above stated
(Born alive stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) Charles B. Kuster, M.D. Midwife _____
Given name added from a supplemental report _____ (Date of) _____
Address Superior, Arizona
Filed Jan 21, 1931 Registrar W.D. Marshall

989-120-169

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.