ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 145

Registered No. 97

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village P. O. Box 1492 - Miami -

City Miami No. 12 Davis Canon St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Dolores 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 Mch. 27 - 1931. (Month Day Year)

8. FATHER

Full name Trinidad 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 27 (Years)

12. Birthplace (city or place) Chihuahua

(State or country) Mex.

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Josepha Gonzalez

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 31 (Years)

18. Birthplace (city or place) Clifton

(State or country) Arizona.

19. Occupation

Nature of industry Housewife

20. Number of children of this mother ..... (Taken as of time of birth of child herein certified and including this child.) 6

(a) Born alive and now living 6

(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 born alive at 11 30 P. 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 Cyril M. Cron M.D.

(Physician or ~~midwife~~).

Given name added from a supplemental report 489-327-179 Month, day, year

Address Miami, Arizona

Registrar

Filed Apr 6, 1931 C. E. [illegible] Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of [illegible] order of birth stated.