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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 266

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village P. O. Box 1873 - Miami Ariz

City Miami No. K 5 Line Oak Canon St. _____ Ward

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

2. Full name of child Pedro Louis 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 _____ 5. No., in order of birth _____ | 6. Legitimate? Yes | 7. Date of birth Aug. 19 - 1931 (Month Day Year)

8. FATHER

Full name Augustine 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 39 (Years)

12. Birthplace (city or place) Chihuahua

(State or country) Mex.

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Amada Ramos

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 35 (Years)

18. Birthplace (city or place) Chihuahua

(State or country) Mex.

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.) 5

(a) Born alive and now living 5

(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 (Born alive or stillborn) at 8 P. m. on the date above stated

* 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 789-819-192 (Month, day, year)

Address Miami, Arizona

Filed Sept 9, 1931 C E Irving

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.