ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 18
Registered No. 307

1. PLACE OF BIRTH

County Cochise State Arizona
Township ..... or Village .....
City Douglas No. 1711 H Ave St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Hernardo Aldana (If child is not yet named, make supplemental report, as directed)

3. Sex Male | If plural births: 4. Twin, triplet, or other 0; 5. Number, in order of birth 0 | 6. Premature 0; Full term Yes | 7. Legitimate? Yes | 8. Date of birth Oct. 3, 1931 (Month, day, year)

FATHER	MOTHER
9. Full name: Thomas Aldana	18. Full maiden name: Amalia Robles
10. Residence (usual place of abode) (If nonresident, give place and State): 1711 H Ave. Douglas Ariz.	19. Residence (usual place of abode) (If nonresident, give place and State): 1711 H Ave Douglas Ariz.
11. Color or race: Mex. 12. Age at last birthday: 48 (Years)	20. Color or race: Mex. 21. Age at last birthday: 31 (Years)
13. Birthplace (city or place): Aguas Calientes (State or country): Mex.	22. Birthplace (city or place): Altar (State or country): Sonora, Mex.
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.: own home
16. Date (month and year) last engaged in this work: Oct., 1931	25. Date (month and year) last engaged in this work: Oct., 1931
17. Total time (years) spent in this work: 8	26. Total time (years) spent in this work: 16

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 1 (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 (Born alive or stillborn) at 6 A.m. on the date above stated

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

(Signed) Jack Held, M. D.
or ....., Midwife
Address 636 10th St. Douglas Ariz.
Filed 10-6-, 1931 [signature], Registrar.

Given name added from a supplemental report ..... (Date of)
816-1003-192 ..... Registrar.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the children must be named in order of birth stated.