

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. 86

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 Francisco Hernandez (If child is not yet named, make supplemental report, as directed)

3. Sex Male If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legiti- mate yes 8. Date of birth Dec 1 1931  
(Month, day, year)

9. Full name of FATHER Francisco Hernandez

18. Full maiden name of MOTHER Guadalupe Garcia

10. Residence (usual place of abode) (if nonresident, give place and State) Hayden

19. Residence (usual place of abode) (if nonresident, give place and State) Hayden

11. Color or race Mex 12. Age at last birthday 28 (Years)

20. Color or race Mex 21. Age at last birthday 27 (Years)

13. Birthplace (city or town) Coahuila de Zaragoza, Mexico  
(State or country) Coahuila, Mex

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OCCUPATION  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labour  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

OCCUPATION  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

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 \_\_\_\_\_ (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 11:15 Am. 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) Charles B. Hueston, M.D.

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

or \_\_\_\_\_ Midwife

Address Hayden, Arizona

689-1201-771 Registrar.

Filed Dec 1 1931 EST Registrar.

A SEPARATE REPORT MUST BE MADE FOR EACH CHILD IN ORDER OF BIRTH STATED.