

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 116
 Registered No. 75

1. PLACE OF BIRTH

County Gila State ARIZONA
 District or Township Lower Miami or Village _____
 City MIAMI No. Lower Miami, Jordan St. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Emilia 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 yes 6. Legitimate? yes 7. Date of birth Jan 26 1932
 Month Day Year

FATHER
 8. Full name Demetrio Hernandez
 9. Residence (Usual place of abode) MIAMI, ARIZONA
 If non-resident, give place and state.
 10. Color or race Mexican
 11. Age at last birthday 33 (Years)
 12. Birthplace (city or place) Mexico
 (State or country)
 13. Occupation Smelter, Copper
 Nature of industry laborer

MOTHER
 14. Full maiden name Cruz Martinez
 15. Residence (Usual place of abode) MIAMI, ARIZONA
 If non-resident, give place and state.
 16. Color or race Mexican 17. Age at last birthday 32 (years)
 18. Birthplace (city or place) Mexico
 (State or country)
 19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 8
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 8
 (b) Born alive but now dead 0
 (c) Stillborn 0

21. Were specializations taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11:45 A.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 F. F. Miller
 F. F. MILLER M.D.
 (Physician or midwife.)

Given name added from 589-126-3A9 Address miami, Arizona
 a supplemental report. Month, day, year
 Filed Feb. 2, 1932 L. E. Johnson
 Registrar Registrar

WRITES PLAINLY WITH UNFADING INK. IN CASE OF MORE THAN ONE CHILD AT A BIRTH, SEPARATE RETURNS MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.