

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

State File No. 111  
 Registered No. 110

PLACE OF BIRTH

County Pima State Ariz.  
 District or Township Globe or Village \_\_\_\_\_

Full name of child George Hernandez (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 Sex of Child Male (If child is not yet named, make supplemental report, as directed.)

To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_  
 7. Date of birth 9-23-32  
 Month Day Year

FATHER  
 11. name Librada Rosas

MOTHER  
 11. Full maiden name Maria Hernandez

12. Residence (Usual place of abode) Globe Ariz.  
 If non-resident, give place and state.

15. Residence (Usual place of abode) Globe Ariz.  
 If non-resident, give place and state.

13. Color or race Mex  
 14. Age at last birthday 38 (Years)

16. Color or race Mex  
 17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Mexico  
 (State or country)

18. Birthplace (city or place) Globe Ariz.  
 (State or country)

19. Occupation Laborer  
 Nature of Industry

19. Occupation \_\_\_\_\_  
 Nature of Industry \_\_\_\_\_

Number of children of this mother 2  
 (a) Born alive and now living 2  
 (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 10:35 P. on the date above stated.  
 (Born alive or stillborn.)

When there was no attending physician or midwife, then the father, householder, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper  
 Physician or midwife

When name added from supplemental report...  
 Month, day, year 189-923-489  
 Registrar

Address Globe, Ariz.  
 Filed 10-6-1932  
 Registrar

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 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.