

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

State File No. 118a
 Registered No. 227

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City _____ No. _____ St. _____ Ward _____

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

3. Sex of Child F 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 Oct 21 33
 Month Day Year

8. FATHER
 Full name Mann Hernandez
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Sara Canal
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state.

10. Color or race Wm 11. Age at last birthday 33 (Years)

16. Color or race Wm 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Mex
 (State or country)

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

13. Occupation
 Nature of Industry Miner

19. Occupation
 Nature of Industry AM

20. Number of children of this mother 9 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 7
 (b) Born alive but now dead 2
 (c) Stillborn _____ 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 or stillborn) at 7:30 a. m. on the date above stated.

Signature C. E. Perkins
* 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.
 (Physician or midwife).

Given name added from a supplemental report _____ Address _____
389-927-233 Month, day, year _____
 Registrar, C. E. Perkins Filed Nov 21, 19 33 Registrar.

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.