

# ARIZONA STATE BOARD OF HEALTH

State File No. **28**  
Registered No. \_\_\_\_\_

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

**1. PLACE OF BIRTH**

County Sila State \_\_\_\_\_  
Township \_\_\_\_\_ or Village \_\_\_\_\_

City Guaymas No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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)

**2. Full name of child** Ricardo Hernandez

3. Sex Male 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth Dec 4, 1932  
(Month, day, year)

**FATHER**  
9. Full name Fey Hernandez  
10. Residence (usual place of abode) Guaymas  
(If non-resident, give place and state)

**MOTHER**  
18. Full maiden name Carpata Perez  
19. Residence (usual place of abode) Guaymas  
(If non-resident, give place and state)

11. Color Mexican 12. Age at last birthday 38 (Years)

20. Color or race Mexican 21. Age at last birthday 38 (Years)

13. Birthplace (city or place) Guaymas, Sonora, Mexico  
(State or country)

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(State or country)

**OCCUPATION**  
14. Trade, profession, or particular kind of work done, as apothecary, sawyer, bookkeeper, etc. laborer  
15. Industry or business in which work was done, as mill, sawmill, bank, etc. Copper mine  
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 8 (b) Born alive but now dead 2 (c) Stillborn 1

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 \_\_\_\_\_ m. on the date above stated  
(Born alive or stillborn)

(Signed) Charles R. Hunter M.D.  
or \_\_\_\_\_, Midwife

Address \_\_\_\_\_  
Filed Jan 4, 1933 Registrar.

Given named added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_  
989-1264-139 Registrar.

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