1. PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 86
Registered No. 223
Arizona

County Gila State Arizona Arizona
Township or Village
City Miami No. 919 Merritt St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
Full name of child Patricia Helen Hernandez (If child is not yet named, make supplemental report, as directed)

Sex Female | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate? Yes | 8. Date of birth Feb 21, 1933 (Month, day, year)

FATHER
Full name Joe Hernandez
Residence (usual place of abode) (If non-resident, give place and State) Miami
Color or race Mex | 12. Age at last birthday 36 (Years)
Birthplace (city or place) Mexico (State or country)
Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Grocer
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 | 17. Total time (years) spent in this work

MOTHER
18. Full maiden name Jessie Carrazco
19. Residence (usual place of abode) (If non-resident, give place and State) Miami
20. Color or race Mex | 21. Age at last birthday 34 (Years)
22. Birthplace (city or place) Solomonville (State or country) Arizona

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H W
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 | 26. Total time (years) spent in this work

Number of children of this mother (at time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead (c) Stillborn 12

If stillborn, period of gestation months or weeks | 29. Cause of stillbirth Abnormal Size | Before labor | During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 12 A m. on the date above stated (Born alive or stillborn)

(If there was no attending physician or wife, then the father, householder, or child make this return.)

(Signed) Charles E. Irvin, M. D.
or Miami Ariz., Midwife
Address
Filed Feb 22, 1933 C. E. Irvin, Registrar.

Name added from supplemental report (Date of)
768-221-136
Registrar.

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