ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 81 14

Registered No.

Arizona

1. PLACE OF BIRTH

County: Gila

State:

Township:

Village:

City: Miami

St.: Hill St.

Ward:

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Angel Hernandez

(If child is not yet named, make supplemental report, as directed)

Sex: Male

If plural births: 4. Twin, triplet, or other: 5. Number, in order of birth:

6. Premature: No

7. Legitimate? Yes

8. Date of birth: Oct 7, 1933 (Month, day, year)

PATHER

9. Full name: Angel Hernandez

10. Residence (usual place of abode) (If non-resident, give place and State): Miami

11. Color or race: Mex

12. Age at last birthday: 23 (Years)

13. Birthplace (city or place): Tombstone (State or country): Arizona

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unemployed

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: Emma Arabillaga

19. Residence (usual place of abode) (If non-resident, give place and State): Miami

20. Color or race: Mex

21. Age at last birthday: 22 (Years)

22. Birthplace (city or place): Dawson (State or country): N. Mexico

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 store, laundry, office, silk mill, etc.:

25. Date (month and year) last engaged in this work: 19

26. Total time (years) spent in this work:

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 2 (b) Born alive but now dead: 0 (c) Stillborn: 0

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 (Born alive or stillborn) at 2:30 P on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Helen B. Brayton M.D.

or Midwife

Address Miami Ariz

Filed Oct 7, 1933 N. P. Bennefer Registrar

Gives name added from a supplemental report (Date)

189-1007-581

Registrar

STANDARD CERTIFICATE OF BIRTH — A SEPARATE RECORD is made for each child, and the number of each child as a twin, a SEPARATE RECORD is made for each child born at one birth, in order of birth