

2577

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. 2

County Gila State Arizona  
Township Globe or Village \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_

Full name of child Agustin 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 \_\_\_\_\_ Full term \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth 2 August, 1902 (Month, day, year)

FATHER  
Full name Cresenciano Hernandez  
Residence (usual place of abode) (If non-resident, give place and State) Mesa, Ariz.  
Color or race Mex. 12. Age at last birthday 62 (Years)  
Birthplace (city or place) San Antonio (State or country) Texas  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
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  
Full maiden name Carmen Borsoni Hernandez  
Residence (usual place of abode) (If non-resident, give place and State) Mesa  
Color or race Italian and Mex. 21. Age at last birthday 31 (Years)  
22. Birthplace (city or place) Globe (State or country) Arizona  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. \_\_\_\_\_  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. None  
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 7 (b) Born alive but now dead 2 (c) Stillborn \_\_\_\_\_

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 \_\_\_\_\_ 6 P.M. on the date above stated (Born alive or stillborn)  
When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
(Signed) Carmen Borsoni Hernandez M. D.  
or \_\_\_\_\_ Midwife  
Address Mesa Arizona  
Filed 1-18 1932 45 \_\_\_\_\_ Registrar.

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