

2247

Damaged Document(s)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH Florida State Index No. _____
 City of Miami Co. Register No. 299
 District of _____ Supplement Attached _____
 (No. _____ St; _____ Ward)

FULL NAME OF CHILD Ernest B Cuen Born YES
 Allive X

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of child <u>M</u>	Twin, Triplet or other <u>1</u>	and	Number in order of birth _____	Legitimate? <u>Y</u>	Date of Birth <u>June 3 1918</u> Month (Day) (Yr.)
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FATHER		MOTHER	
Name <u>Antonio Cuen</u>	Residence <u>Miami</u>	Name <u>Refugia Hernandez</u>	Residence <u>Miami</u>
Color or Race <u>Mex</u>	Age at last Birthday <u>29</u> (Years)	Color or Race <u>Mex</u>	Age at last Birthday <u>28</u> (Years)
Birthplace <u>Mexico</u>	Occupation <u>Money</u>	Birthplace <u>Texas</u>	Occupation <u>X</u>

Number of child of this mother 4 Number of children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on June 3 1918, at 12:30 P.M.

(Signature) Richard E. Jim m.d.
 (Attending physician, midwife, householder.)*

Address Miami

Given or christian name added from a supplemental report _____ 191_____

Filed July 3 1918 LOCAL REGISTRAR. John H. Loey

Filed Aug 6 1918 A True Copy B. G. Jay COUNTY REGISTRAR.

525-103-925 COUNTY REGISTRAR.