4536

PLACE OF BIRTH

County of Gila

District of Winkelman

Town of Winkelman

or

City of

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF BIRTH

State Index No. 125

Co. Registrar's No. 474

Local Registrar's No. 1

(No. St; Ward)

FULL NAME OF CHILD Salvador Hernandez

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

Born Alive: YES ~~NO~~

| Sex of Child | Twin, ~~Triplet or other~~ | and | Number in order of birth | Legitimate? | Date of Birth (Month, Day, Yr.) |
|---|---|---|---|---|---|
| Male | | | 1st | Yes | Sept 8 1919 |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | Joe Salvador Hernandez | Full Maiden Name | Carmen Bibas |
| Residence | Winkelman Ariz. | Residence | Winkelman Ariz. |
| Color or Race | Mexican | Color or Race | Mexican |
| Age at last Birthday | 32 Years | Age at last Birthday | 28 Years |
| Birthplace | Mexico | Birthplace | Mexico |
| Occupation | Shearer at Smelter. | Occupation | Housewife |

Number of child of this Mother 4 | Number of Children, of this mother, now living 2 | Were precautions taken against Ophthalmia neonatorum? Yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Sept 8 1919, at 8 P M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature L. M. Tompkins

Attending physician, ~~midwife, householder.~~*

Address Winkelman Ariz.

Given or Christian name added from a supplemental report 191

Filed Sept 10 1919 — W. J. Roberts, LOCAL REGISTRAR.

289-908-322, COUNTY REGISTRAR.

Filed Oct 6 1919 — A True Copy — B. G. Jay, COUNTY REGISTRAR.

N. B.—In case of more than one child at birth, a separate certificate must be made for each, in order of birth, stated. This certificate must be in the number of each, in order of birth, stated. This certificate must be in the hands of the local Registrar within 5 days after birth.