2372

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 186

Co. Registrar's No. 362

Local Registrar's No. ____

PLACE OF BIRTH

County of Gila

District of ____

Town of Hayden

or

City of ____ (No. ____ St; ____ Ward)

FULL NAME OF CHILD Rufino Garcia Hernandez | Born Alive | NO

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

Sex of Child Female | ~~Twin, Triplet~~ or other | and | Number in order of birth 1st | Legitimate? Yes | Date of Birth Oct. 30th 1919 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Felix Hernandez	Full Maiden Name	Rufino Hernandez
Residence	Hayden Ariz	Residence	Hayden, Ariz.
Color or Race	Mex.	Color or Race	Mex
Age at last Birthday	45 Years	Age at last Birthday	32 Years
Birthplace	Mexico	Birthplace	Mex.
Occupation	Laborer	Occupation	Housewife

Number of child of this Mother I | Number of Children, of this mother, now living [illegible] | 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 Oct 30th 1919, at 3 a M.

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

Signature W. W. G. Carson

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

Address Hayden, Ariz.

Given or Christian name added from a supplemental report ____ 191__

Filed Oct 31 1919

W. B. Nash

LOCAL REGISTRAR.

989-1030-989

COUNTY REGISTRAR.

Filed Nov 7 1919

A True Copy

B. G. Fox

COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.