

PLACE OF BIRTH  
 County of Gila  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS  
**ORIGINAL CERTIFICATE OF BIRTH**

State Index No. 184  
 Co. Register No. 647  
 Local Registrar's No. \_\_\_\_\_

Full Name of Child Isabelle Hernandez { Born } YES  
 child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } ~~NO~~

Sex of Child Female { Twin, Triplet or other } and { Number in order of birth } 1 Legitimate? yes Date of Birth Nov. 19 - 1917  
 (Month) (Day) (Yr.)

**FATHER**  
 Name Martiano Hernandez  
 Residence Miami - Arizona  
 Color or Race Mex Age at last Birthday 31 (Years)  
 Birthplace Tijuilla, Mexico  
 Occupation Shelteman

**MOTHER**  
 Full Maiden Name Juana Pedroza  
 Residence Miami, Arizona  
 Color or Race Mex Age at last Birthday 23 (Years)  
 Birthplace Santa Teresa, Mexico  
 Occupation Housewife

Number of children of this mother 4 Number of Children, of this mother, now living 3 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 Nov. 19 1917, at 5 A.M.  
 When there is no attending physician or midwife, then the householder should make this return. (Signature) April M. Cron M.D.  
 (Attending physician, midwife, householder.\*)

Address Miami, Ariz.  
 Date of Report Nov 30 1917 LOCAL REGISTRAR.

989-1119-171 COUNTY REGISTRAR. Filed 11/30 1917 A True Copy B. G. Joy COUNTY REGISTRAR.