2160

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of

Town of or City of Hayden

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 128

Co. Register No. 591

Local Registrar's No. 65

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Francisco Hernandez

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

Born Alive YES ~~NO~~

Sex of Child Male | Twin, Triplet or other 1 | and | Number in order of birth 1 | Legitimate? Yes | Date of Birth Oct (Month) 4th (Day) 1920 (Yr.)

FATHER		MOTHER	
Full Name	Pedro Hernandez	Full Maiden Name	Maria Roquas
Residence	Hayden	Residence	Hayden
Color or Race	Mexican	Color or Race	Mexican
Age at last Birthday	35 (Years)	Age at last Birthday	30 (Years)
Birthplace	Mexico	Birthplace	Mexico
Occupation	Laborer	Occupation	Housewife

Number of child of this mother 6 | Number of children, of this mother, now living 5 | Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Oct. 4th 1920, at 10:00 p. M.

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

(Signature) H. E. Shields

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

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

Address Hayden, Arizona

Filed Oct 5th 191....

W. B. Dash

LOCAL REGISTRAR.

689-1004-492

COUNTY REGISTRAR.

Filed Nov 8 1920

A True Copy B. G. Fox

COUNTY REGISTRAR.