

224

the number of each, in order of birth, stated.

**BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH**

PLACE OF BIRTH
 1. County of Dade
 District of _____
 Town of Miami
 or _____
 City of _____ No. 502 Dupon St. _____ Ward) (If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 152
 Co. Registrar No. 90
 Local Registrar No. _____

2. Full name of child Eriberto Hernandez (If child is not yet named, make supplemental report, as directed)

3. Sex of child female To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? yes 7. Date of birth March 16, 1922 (Month, day, year)

8. Full name of FATHER <u>Enrique Hernandez</u>	14. Full maiden name of MOTHER <u>Guadalupe Nunez</u>
9. Residence (Usual place of abode) <u>Miami, Fla.</u> If nonresident, give place and State	15. Residence (Usual place of abode) <u>Miami, Fla.</u> If nonresident, give place and State
10. Color or race <u>Mexican</u>	16. Color or race <u>Mexican</u>
11. Age at last birthday <u>25</u> (Years)	17. Age at last birthday <u>24</u> (Years)
12. Birthplace (city or place) <u>Mexico</u> (State or country)	18. Birthplace (city or place) <u>Mexico</u> (State or country)
13. Occupation <u>Trainman in copper mine</u> Nature of Industry	19. Occupation <u>Housewife</u> Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 7:35 a.m. on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. F. Miller (Physician or midwife)
 Address Miami, Fla.
 Given name added from a supplemental report 589-316-759 (Month, day, year) Registrar.
 Filed Mar 17, 1922 B. J. D. J. Local Registrar.
 Filed 4-5, 1922 B. J. D. J. County Registrar.