

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yuma</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>168</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>270</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			
City of _____	No. _____	St. _____	Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Fidela Hernandez</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth <u>1</u>
6. Legitimate? <u>yes</u>		7. Date of birth <u>April 24-1923</u> (Month, day, year)	
8. FATHER Full name <u>Mmanuel Hernandez</u>		14. MOTHER Full maiden name <u>Beatrice Casceris</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and State		15. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and State	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>24</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>18</u> (Years)
12. Birthplace (city or place) <u>Durango Mex</u> (State or country)		18. Birthplace (city or place) <u>Sinaloa Mex</u> (State or country)	
13. Occupation <u>Mechanic</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.) <u>1</u>		(a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>1:25</u> 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 <u>C. M. Crow M. D.</u> (Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Miami, Arizona</u>	
(Month, day, year)		Filed <u>Apr 30</u> , 19 <u>23</u> <u>P. S. Twin</u> Local Registrar.	
<u>689-424-232</u> Registrar.		Filed <u>5-5</u> , 19 <u>23</u> <u>B. G. Jay</u> County Registrar.	