

232

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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.

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

1. County of Maricopa District of \_\_\_\_\_  
Town of Miami 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 Erinda 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 3 6. Legitimate? yes 7. Date of birth June 30-1923  
Month Day Year

8. FATHER Full name <u>Mariana Hernandez</u>	14. MOTHER Full maiden name <u>Petra Blguin</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>	16. Color or race <u>Mex</u>
11. Age at last birthday <u>35</u> (Years)	17. Age at last birthday <u>20</u> (Years)
12. Birthplace (city or place) <u>Guarajuate</u> (State or country) <u>Mex</u>	18. Birthplace (city or place) <u>Osita</u> (State or country) <u>New Mex</u>
13. Occupation Nature of industry <u>miner</u>	19. Occupation Nature of industry <u>Housewife</u>
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born at 7:24 a.m. on the date above stated.  
(Born alive or stillborn.)

Signature E. M. Cron M.D. (Physician or midwife)  
Address Miami - Ariz.

Given name added from supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_

Filed July 31 19 23 \_\_\_\_\_  
Filed Aug 3 19 23 B. S. J. Jr Local Registrar.  
County Registrar.

589-630-765