1835

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

1. County of Gila
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)

State Index No. 134
County Registrar No. 754
Local Registrar No. .....

2. Full name of child Juana Hernández
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 Month Nov day 8 year 1923

8. FATHER
Full name J. Jesus Hernández
9. Residence (Usual place of abode) Mexican Canyon Miami Ariz
If nonresident, give place and state
10. Color or race Mexican
11. Age at last birthday 42 (Years)
12. Birthplace (city or place) San Julian
(State or country) Jalisco Mexico
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Virginia Segoviana de Hernández
15. Residence (Usual place of abode) Mexican Canyon
If nonresident, give place and state Miami
16. Color or race Mexican
17. Age at last birthday 30 (Years)
18. Birthplace (city or place) San Julian
(State or country) Jalisco Mexico
19. Occupation
Nature of industry House Wife

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 2
(b) Born alive but now dead none
(c) Stillborn 2
21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Nov 8 at 2:50 p.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 evidences of life after birth.

Signature Cristiana Fvda de Castañeda (~~Physician~~ or midwife)
Address Miami Arizona

Given name added from a supplemental report .....
Month, day, year.

Filed Nov 30, 1923 C. E. Jones
Local Registrar.

Filed 12/5, 1923 B. G. Fox
County Registrar.

Registrar.

189-1108-521