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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 160
County Registrar No. 744
Local Registrar No. _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

2. Full name of child Ernestina Fernandez
3. Sex of Child girl To be answered ONLY in event of plural births.
4. Twin, triplet or other one
5. No., in order of birth _____
6. Legitimate? _____
7. Date of birth Sept 21 1924
Month day year

FATHER
8. Full name Ramon Fernandez

MOTHER
14. Full maiden name Guadalupe Bencomo

9. Residence (Usual place of abode) Live Oak
If nonresident, give place and state 714

15. Residence (Usual place of abode)
If nonresident, give place and state same

10. Color or race Mex
11. Age at last birthday 23 (Years)

16. Color or race Mex
17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Chihuahua
(State or country) Mex

18. Birthplace (city or place) Chihuahua
(State or country) Mex

13. Occupation
Nature of industry miner

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 3
(b) Born alive but now dead _____
(c) Stillborn yes
21. Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:15 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 evidences of life after birth.
Signature Defina Arzila Martinez
(Physician or midwife)
Address Front 808

Given name added from a supplemental report _____
Month, day, year. _____
Filed Sept 30 1924
Filed 10-6 1924
Local Registrar C. C. Jones
County Registrar B. G. Day

Registrar.

569-921-726

In order of birth stated.