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

State Index No. 156
County Registrar No. 815
Local Registrar No.

PLACE OF BIRTH
1. County of Gila
District of _____
Town of Globe
or _____
City of _____

2. Full name of child Eva Hernandez
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
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 1 6. Legitimate? yes 7. Date of birth Oct. 23, 1924 (If child is not yet named, make supplemental report, as directed.)

FATHER
8. Full name Felipe Hernandez
9. Residence (Usual place of abode) Globe, Ariz
If nonresident, give place and state _____
10. Color or race Mexican
11. Age at last birthday 34 (Years)
12. Birthplace (city or place) Mexico
(State or country)
13. Occupation
Nature of industry miner

MOTHER
14. Full maiden name Antoinette Marietti
15. Residence (Usual place of abode) Globe, Ariz
If nonresident, give place and state _____
16. Color or race Italian
17. Age at last birthday 20 (Years)
18. Birthplace (city or place) Italy
(State or country)
19. Occupation
Nature of industry Housewife

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 1 (b) Born alive but now dead 0 (c) Stillborn 0 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 born alive at 2 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.
Given name added from supplemental report _____
Signature J. C. Harper, M.D.
Address Globe, Arizona
Month, day, year. Filed 10-27-1924
Registrar. Filed 11-5-1924
Local Registrar. B. J. Gial
County Registrar.

589-1023-149

PERMANENT RECORD
UNFADING INK
WRITE PLAINLY WITH UNFADING INK
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.