

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

State File No. 152
Registered No. 433

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 239 Depot Hill Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Julia Hernandez (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 _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Dec. 14, 1925</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Demacio Hernandez

9. Residence
(Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race
Mex.

12. Birthplace (city or place) Jalisco, Mex.
(State or country)

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Cruz Martinez

15. Residence
(Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race
Mex.

17. Birthplace (city or place) Chihuahua, Mex.
(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 <u>4</u> (b) Born alive but now dead _____ (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 1 P. m. on the date above stated
(Born alive or stillborn)

Signature Loyd M. Brown M.D.
Physician
(Physician or midwife).

Address Miami, Arizona

Filed Jan 9, 1926 C. E. Iron
Registrar

*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.

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

Registrar

189-1214-349

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.