

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

State File No. 189
 Registered No. 62

1. PLACE OF BIRTH

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

2. Full name of child Ruben Hernandez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>✓</u>	5. No., in order of birth	6. Legitimate? <u>yes</u>	7. Date of birth <u>March 26, 1926</u> Month Day Year
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8. FATHER
 Full name Francisco Hernandez
 9. Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state
 10. Color or race Mexican
 11. Age at last birthday 33 (Years)
 12. Birthplace (city or place) Mexico
 (State or country)
 13. Occupation Miner
 Nature of industry

14. MOTHER
 Full maiden name Sabedra Bernado
 15. Residence (Usual place of abode) Globe, Ariz.
 If non-resident, give place and state.
 16. Color or race Mexican
 17. Age at last birthday 23 (Years)
 18. Birthplace (city or place) San Miguel
 (State or country) New Mexico
 19. Occupation Housewife
 Nature of industry

20. Number of children of this mother Two
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living Two
 (b) Born alive but now dead none
 (c) Stillborn none
 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 11:48 P.M. on the date above stated
(Born alive or stillborn.)

Signature T.C. Harper, M.D.
*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.
 (Physician or midwife).

Given name added from a supplemental report _____ Address Globe, Ariz.
 Month, day, year _____

Filed 3/31/26 1926 Registrar J.W. Stout
 Registrar

969 - 326 - 226

WRITE IN FAINT 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.