

N. B. - In case of more than one child at a birth, it is imperative that each child be reported in the order of birth stated.

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. 176
County Registrar No. 654
Local Registrar No. _____

2. Full name of child Francisco Hernandez (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male 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 May 27, 1926 (Month Day Year)

8. FATHER Full name Juan G. Hernandez
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

14. MOTHER Full maiden name Esperanza Hernandez
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Spainard 11. Age at last birthday 28 (Years)

16. Color or race Mex 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Lucia, Spain
(State or country)

18. Birthplace (city or place) Santa Rita, New Mex.
(State or country)

13. Occupation Nature of industry Miner

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 4 (b) Born alive but now dead _____ (c) Stillborn _____

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 at 1:20 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 evidence of life after birth.

Signature Cyril M. Brown, M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report. Filed June 4, 1926 C. S. Iron Local Registrar.
Month, day, year

Registrar _____ County Registrar _____

689-527-589