

TABLE LABELS WITH UNFADING 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 such in order of birth stated.

PLACE OF BIRTH
ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

1. County of Yuma State Index No. 136
 District of _____
 Town of Miami ORIGINAL CERTIFICATE OF BIRTH County Registrar No. 740
 or _____
 City of _____ No. Wairy Hill Local Registrar No. _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alberto 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. Legitimate? yes
 7. Date of birth July 14, 1926
 Month Day Year

8. FATHER
 Full name Mariano Hernandez
 9. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state. Arizona
 10. Color or race Mex.
 11. Age at last birthday 36 (Years)

14. MOTHER
 Full maiden name Petra Holquin
 15. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state. Arizona
 16. Color or race Mex.
 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Guanajuato Mex.
 (State or country)
 13. Occupation Miner
 Nature of Industry Mining

18. Birthplace (city or place) Sturley New Mex.
 (State or country)
 19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother } (a) Born alive and now living 5
 (Taken as of time of birth of child herein } (b) Born alive but now dead _____
 certified and including this child.) } (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 10:05 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 Leyril M. Larson M.D. (Physician or midwife)
 Address Miami, Ariz.

Given name added from a supplemental report _____
 Month, day, year _____
 Filed Aug 3, 1926 Local Registrar C. E. Diny
 Registrar _____, 19____ County Registrar.

189-714-785