

PLACE OF BIRTH

1. County of Yila

ARIZONA STATE BOARD OF HEALTH

District of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 142Town of MiamiCounty Registrar No. 862

or _____

Local Registrar No. _____

City of _____

No. 534 (If birth occurred in a hospital or institution, give its NAME instead of street and number)St. Gibson Ward _____2. Full name of child Pydia Hermana Diaz (If child is not yet named, make supplemental report, as directed.)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 _____ 6. Legitimate? yes 7. Date of birth Oct 5 1926
Month Day Year8. FATHER
Full name Francisco Hernandez
9. Residence (Usual place of abode) 534 Gibson St
If non-resident, give place and state.14. MOTHER
Full maiden name Maria Guadalupe Hernandez
15. Residence (Usual place of abode) 534 Gibson
If non-resident, give place and state.10. Color or race mex
11. Age at last birthday 39 (Years)16. Color or race mex
17. Age at last birthday 29 (Years)12. Birthplace (city or place) Mex
(State or country) Sanora Mex18. Birthplace (city or place) agua Prieta
(State or country) Sanora Mex13. Occupation
Nature of industry Miner19. Occupation
Nature of industry Housewife20. 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 alive at 10:00 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 Delgado Dominges (Physician or midwife)
Address 808 Live Oak StGiven name added from a supplemental report _____ Filed Oct 12 1926 C. E. Dwyer Local Registrar.
Month, day, year

Registrar _____

Filed _____, 19 _____

County Registrar _____

389-1005-489