

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 178
 County Registrar No. _____
 Local Registrar No. 887

No. 4 Cordoba Ave St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child. Rosa Hernandez { 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. _____ 6. Legitimate? yes 7. Date of birth Oct. 20, 1926
 Month Day Year

8. FATHER
 Full name Blas Hernandez
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona
 10. Color or race Mex.
 11. Age at last birthday 38 (Years)

14. MOTHER
 Full maiden name Plaza Mosquera
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona
 16. Color or race Mex.
 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Zacatecas
 (State or country) Mex.
 13. Occupation
 Nature of industry Miner

18. Birthplace (city or place) Zacatecas
 (State or country) Mex.
 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 8:30 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. Terow M.D. (Physician or midwife.) Address Miami, Arizona

Given name added from a supplemental report. Filled Nov 4 1926 R. E. Dorn Local Registrar. Registrar _____ Filled _____ 19____ County Registrar.

489-1020-741

WRITE IN INK. IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, SHOWING THE SEQUENCE OF BIRTHS IN ORDER OF BIRTH STATED.