ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 162

Registered No. 263

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 139 Grover Canon St., ... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child Girl | 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 June (Month) 14 (Day) 1928 (Year)

8. FATHER

Full name Teodoro Hernandez

9. Residence 139 Grover Canon (Usual place of abode)

If non-resident, give place and state.

10. Color or race Mexican

11. Age at last birthday 26 (Years)

12. Birthplace (city or place) San Julian

(State or country) Jalisco Mexico

13. Occupation Miner

Nature of industry

14. MOTHER

Full maiden name Olilia Villagomez

15. Residence 139 Grover Canon (Usual place of abode)

If non-resident, give place and state.

16. Color or race Mexican

17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Uregato

(State or country) Guanajuato Mex.

19. Occupation Housewife

Nature of industry

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 2

(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 Alive (Born alive or stillborn) at 1.30 p.m. on the date above stated.

* 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 Rosa Cortez

(~~Physician or~~ midwife).

Given name added from a supplemental report ..... Month, day, year

Address 806 Sullivan St

Filed June 20, 1928 C. E. Irvin Registrar.

Registrar.

189-614-659