

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. ¹⁵⁵ 314
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Claypool or Village _____
City miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Frances 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
5. No., in order of birth _____ 7. Date of birth July 18 1928
Month Day Year

8. FATHER
Full name Enrique Hernandez

14. MOTHER
Full maiden name Guadalupe Baiesca

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

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If non-resident, give place and state.

10. Color or race Mexican

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11. Age at last birthday 30 (Years)
12. Birthplace (city or place) Presidio
(State or country) Texas

17. Age at last birthday 26 (Years)
18. Birthplace (city or place) _____
(State or country) Mexico

13. Occupation Turnace puncher
Nature of industry Copper smelter

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 2 (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 0
(c) Stillborn 0 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 at 11:30 P. m. on the date above stated.
(Born alive or stillborn)

Signature J. J. Miller
M.D.
(Physician or midwife).

Given name added from _____ Address Miami, Arizona

Month, day, year _____ Filed July 19, 1928

Registrar: _____ Registrar: L. E. Diny

489-718-721

N. B.—in case of multiple births, order of birth stated.