

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 196
Registered No. 347

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 534 Gibson St. _____ Ward _____

2. Full name of child Layala Hernandez
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(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 July 31 1928
Month Day Year

8. FATHER
Full name Francisco Hernandez

14. MOTHER
Full maiden name Maria Guadalupe Hernandez

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

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

10. Color or race Mexican
11. Age at last birthday 40 (Years)

16. Color or race Mexican
17. Age at last birthday 30 (Years)

12. Birthplace (city or place) _____
(State or country) Mexico

18. Birthplace (city or place) _____
(State or country) Mexico

13. Occupation
Nature of industry Miner, Copper

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 8
(Taken as of time of birth of child herein certified and including this child).
(a) Born alive and now living 5
(b) Born alive but now dead 3
(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 5:10 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 J. H. Miller
M.D.
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____

Registrar. _____

Filed Aug 1 1928 R. S. Finn
Registrar. _____

389-731-487