ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 136
County Registrar No. 402
Local Registrar No.

PLACE OF BIRTH

1. County of Gila
District of
Town of Miami
or
City of ..... No. 923 Sh. Edison St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Morzonta Ernands — If child is not yet named, make supplemental report, as directed.

3. Sex of Child Fmd — 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 9 — 11 — 1928 (Month day year)

FATHER	MOTHER
8. Full name Blas Ernandez	14. Full maiden name Blasa Mosquieda
9. Residence (Usual place of abode) Miami	15. Residence (Usual place of abode) Miami
If nonresident, give place and state	If nonresident, give place and state
10. Color or race Nex — 11. Age at last birthday 41 (Years)	16. Color or race Nex — 17. Age at last birthday 26 (Years)
12. Birthplace (city or place) Sacalecas (State or country) Nex	18. Birthplace (city or place) Sacalegus (State or country) Nex
13. Occupation Nature of industry Miner	19. Occupation Nature of industry house wife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) 4
(a) Born alive and now living 5
(b) Born alive but now dead 1
(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 Pure alive (Born alive or stillborn.) at 3½ 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 evidences of life after birth.

Signature L M Castilla (Physician or midwife)
Address

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

Filed Sept 20, 1928 C. E. Trim Local Registrar.

Registrar. Filed ....., 19.... County Registrar.

453-911-241

In case of more than one child at a birth, a SEPARATE RETURN must be in order of birth stated.