

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

State File No. 176  
Registered No. 102

**1. PLACE OF BIRTH**

County Dila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 22 Davis Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Virginia 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. \_\_\_\_\_  
5. No., in order of birth \_\_\_\_\_  
6. Legitimate? yes  
7. Date of birth Feb. 23-1929  
Month Day Year

**8. FATHER**  
Full name Francisco Hernandez  
Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. \_\_\_\_\_  
10. Color or race Mex.  
11. Age at last birthday 36 (Years)  
12. Birthplace (city or place) Guarez, Chih. Mex.  
(State or country)  
13. Occupation  
Nature of industry Miner

**14. MOTHER**  
Full maiden name Bernarda Sveda  
Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. \_\_\_\_\_  
16. Color or race Mex.  
17. Age at last birthday 25 (Years)  
18. Birthplace (city or place) Las Cruces, New Mex.  
(State or country)  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother 3  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 3  
(b) Born alive but now dead 0  
(c) Stillborn \_\_\_\_\_  
21. Were precautions taken against ophthalmia neonatorum? yes

I hereby certify that I attended the birth of this child, who was born alive at 8 A. m. on the date above stated.  
(Born alive or stillborn.)

Signature Lynell M. Brown M.D.  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Address Miami, Arizona  
Month, day, year \_\_\_\_\_  
Filed Feb 12 1929 Registrar C. E. Dorr

Registrar  
589-223-221

N. 2. - in case of more than one - to be filled in order of birth stated.