

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

State File No. 125
 Registered No. 184

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 3107 Turkey Shoot St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

| | | | | | |
|--------------------------------|--|----------------------------|---------------------------|------------------------------|---|
| 3. Sex of Child <u>male</u> | To be answered ONLY in event of plural births. | 4. Twin, triplet or other. | 5. No. in order of birth. | 6. Legitimate? <u>yes</u> | 7. Date of birth <u>Apr. 7 - 1929</u> Month Day Year |
|--------------------------------|--|----------------------------|---------------------------|------------------------------|---|

8. **FATHER**
 Full name Eusebio Hernandez
 9. Residence (Usual place of abode) Miami, Arizona.
 If non-resident, give place and state.

14. **MOTHER**
 Full maiden name Susana Guzman
 15. Residence (Usual place of abode) Miami, Arizona.
 If non-resident, give place and state.

10. Color or race Mex.
 11. Age at last birthday 44 (Years)

16. Color or race Mex.
 17. Age at last birthday 36 (Years)

12. Birthplace (city or place) Jalisco, Mex.
 (State or country)

18. Birthplace (city or place) Jalisco, Mex.
 (State or country)

13. Occupation
 Nature of industry miner

19. Occupation
 Nature of industry Housewife

| | | | | |
|---|--|--------------------------------------|------------------------|---|
| 20. Number of children of this mother. <u>5</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small> | (a) Born alive and now living <u>5</u> | (b) Born alive but now dead <u>2</u> | (c) Stillborn <u>2</u> | 21. Were precautions taken against ophthalmia neonatorum? |
|---|--|--------------------------------------|------------------------|---|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at _____ 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 Cyril M. Brown M.D.
Physician
(Physician or midwife)

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

Month, day, year _____
 Filled May 10 1929
 Registrar B. E. Jones
Registrar

189-407-28

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.