

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.

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

146  
 State File No. 164  
 Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 120 6 Line Oak St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>yes</u>	7. Date of birth <u>April 12 1929</u> Month Day Year
		5. No., in order of birth		

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

14. MOTHER  
 Full maiden name Dolores Gonzales  
 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 31 (Years)

16. Color or race Mexican  
 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Mexico

18. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Mexico

13. Occupation miner  
 Nature of industry Copper

19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother. <u>4</u>	(a) Born alive and now living. <u>4</u>	21. Were precautions taken against ophthalmia neonatorum.
(Taken as of time of birth of child herein certified and including this child).	(b) Born alive but now dead. <u>0</u>	
	(c) Stillborn. <u>0</u>	<u>yes</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \***

I hereby certify that I attended the birth of this child, who was alive at 4:30 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. J. Miller  
M.D.  
 (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
 Address Miami, Arizona  
 Month, day, year \_\_\_\_\_  
 Filed Apr 21 1929  
 Registrar O. E. Finn

189-412-472