

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.—If age 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

State File No. 169
Registered No. 231

1. PLACE OF BIRTH

County Siila State Arizona
District or Township _____ or Village _____
City Miami No. 628 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 Eredina 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 _____ } 9. Legitimate? yes } 7. Date of birth May 14 - 1929
Month Day Year

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

10. Color or race Mex. 11. Age at last birthday 32 (Years)

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

13. Occupation
Nature of industry Miner

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

16. Color or race Mex. 17. Age at last birthday 29 (Years)

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

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 6 } (a) Born alive and now living 6
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (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 born alive at 10:30 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 _____
Filed May 29 1929 J. E. Dinn
Registrar Registrar

589-514-349