

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

170

State File No. _____
 Local Registrar's No. 69

PLACE OF BIRTH

City Gila State _____
 District or Township _____ or Village _____

Full name of child Magdalena Hernandez No. _____ St. _____ Ward _____
 birth occurred in a hospital or institution, give its NAME instead of street and number
 (If child is not yet named, make supplemental report, as directed.)

Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. No 6. Legitimate? Yes 7. Date of birth July 29 1927
 Month Day Year

FATHER		MOTHER	
name <u>Francisco Hernandez</u>	Full maiden name <u>Madre Josefa Garcia</u>	14.	
Residence (Usual place of abode) <u>Hayden Ariz.</u>	15. Residence (Usual place of abode) <u>Hayden</u>	15.	
non-resident, give place and state.	If non-resident, give place and state.	16.	

Color or race <u>Mex</u>	16. Color or race <u>Mex</u>	17. Age at last birthday <u>28</u> (Years)
11. Age at last birthday <u>29</u> (Years)		

Birthplace (city or place) <u>Concepcion Zacatecas</u>	18. Birthplace (city or place) <u>Jalisco, Mexico</u>
(State or country)	(State or country)

Occupation <u>Farmer</u>	19. Occupation <u>House wife</u>
Nature of industry <u>Copier Mill</u>	Nature of industry

Number of children of this mother _____	(a) Born alive and now living <u>3</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
Number as of time of birth of child herein (including this child.) _____	(b) Born alive but now dead <u>0</u>	
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 9:30 a.m. on the date above stated.
 (Born alive or stillborn.)

When there was no attending physician or midwife, then the father, householder, should make this return. A stillborn is one that neither breathes nor shows other evidence of life after birth.

Signature Chas. R. ... (Physician or midwife)

Name added from supplemental report _____
 Address Hayden Ariz.
 Filed July 29 1927 M. P. ... Registrar