

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

State File No. 207
Registered No. 353

PLACE OF BIRTH:

City Yuma State Arizona
District or Township _____ or Village _____

Street or _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Celia Maria Hernandez (If child is not yet named, make supplemental report, as directed.)

Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth July 31 1929
Month Day Year

FATHER
name Jose Hernandez
Residence (Usual place of abode) Yuma Arizona
non-resident, give place and state. _____
Color or race Mexican
11. Age at last birthday 32 (Years)

Birthplace (city or place) Zacatecas Mexico
(State or country)
Occupation Grocer
Nature of Industry _____

MOTHER
14. Full maiden name Jessie Carasco
15. Residence (Usual place of abode) Yuma Arizona
If non-resident, give place and state. _____
16. Color or race Mexican 17. Age at last birthday 29 (Years)
18. Birthplace (city or place) Safford Arizona
(State or country)
19. Occupation H W
Nature of Industry _____

Number of children of this mother 4 21. Were precautions taken against ophthalmia neonatorum? yes
2. Born alive and now living 3
3. Born alive but now dead 1
(c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 34 m. on the date above stated.

I hereby certify that I attended the birth of this child, who was Born alive at _____ (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 Charles E. Dorn M.D. (Physician or midwife.)

Address Yuma Arizona
Filed Aug 5 1929 Registrar
Registrar _____

269-731-136