

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

196 ✓
 State File No. 466
 Registered No. 466

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. Mackay Hill Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pedro Hernandez { If child is not yet named, make supplemental report, as directed.
 3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Aug. 17-1929
Month Day Year

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

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

10. Color or race Mex.
 11. Age at last birthday 41 (Years)

16. Color or race Mex.
 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Guajajuato
(State or country) Mex.

18. Birthplace (city or place) Gila
(State or country) New Mex.

13. Occupation
 Nature of industry Miner

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 6
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 6
 (b) Born alive but now dead 0
 (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 4:20 P. (Born alive or stillborn) on the date above stated.

* 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 Dr. Loue (Physician or midwife)
 Address Miami, Arizona

Given name added from a supplemental report _____
 Month, day, year _____
 Registrar _____

Filed Oct 12, 29 R. E. Dorn Registrar

789-817-785