

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

State File No. 155  
Registered No. 4544

1. PLACE OF BIRTH

County Gila State Ariz  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 5 Live Oak Canyon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bergio Paul 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  5. No., in order of birth X 6. Legitimate? Yes 7. Date of birth 9 15 29  
Month Day Year

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

14. MOTHER  
Full maiden name Amata Ramos  
15. Residence Miami  
(Usual place of abode)  
If non-resident, give place and state. Ariz

10. Color or race Mexican  
11. Age at last birthday 37 (Years)

16. Color or race Mex  
17. Age at last birthday 37 (Years)

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

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

19. Occupation miner  
Nature of industry Copper mining

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

20. Number of children of this mother 4  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 4  
(b) Born alive but now dead 0  
(c) Stillborn \_\_\_\_\_

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 9 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 D. A. Lane  
Physician or midwife.

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Address M. S. Hospital  
Filed Sept 25 19 29 B. E. Jorda  
Registrar

Registrar

Registrar

289-915-A2