

N. B.—In case of multiple births, give the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of \_\_\_\_\_  
Town of Hayden  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 205  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 10

2. Full name of child Francisco Gonzalez  
(If 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.)

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 \_\_\_\_\_  
6. Legitimate? Yes  
7. Date of birth Jan 29, 1927  
Month Day Year

8. FATHER  
Full name Cirjorio Gonzalez  
9. Residence (Usual place of abode) Hayden  
If non-resident, give place and state.

14. MOTHER  
Full name Angelita Garcia  
15. Residence (Usual place of abode) Hayden  
If non-resident, give place and state.

10. Color or race Mexican  
11. Age at last birthday 34 (Years)

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

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

18. Birthplace (city or place) near Nogales  
(State or country) Arizona

13. Occupation Copper Smelter  
Nature of industry

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 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 \_\_\_\_\_ at 7:45 P. 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 Guadalupe Jimenez (Physician or midwife)  
Address Hayden, Arizona

Given name added from a supplemental report. \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Filed Jan 31st, 1927 \_\_\_\_\_  
Local Registrar.  
Filed \_\_\_\_\_, 19\_\_\_\_  
County Registrar.

672-129-171