

N. B.—In case of twins or more, use the number of each, and the order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 208
County Registrar No. 59
Local Registrar No. _____

2. Full name of child Juitano 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? yes
5. Legitimate? yes
6. Date of birth Jan 30, 1927
Month day year

3. FATHER
Full name Juitano Gonzalez
Residence (Usual place of abode) Miami, Arizona
If nonresident, give place and state

14. MOTHER
Full maiden name Michaela Corona
Residence (Usual place of abode) Miami, Arizona
If nonresident, give place and state

10. Color or race Mex.
11. Age at last birthday 37 (Years)
12. Birthplace (city or place) Zacatecas, Mex.
(State or country)

16. Color or race Mex
17. Age at last birthday 21 (Years)
18. Birthplace (city or place) Zacatecas, Mex.
(State or country)

13. Occupation
Nature of industry Laborer

19. Occupation
Nature of industry Housewife

20. Number of children of this mother
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead _____
(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 at 7 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 evidences of life after birth.
Given name added from a supplemental report _____
Signature Beryl M. Brown M.D.
(Physician or midwife)

Address Miami, Arizona
Filed Feb 7, 1927 Le. E. J. Jim
Local Registrar.

Registrar. _____ Filed _____ 19____ County Registrar.

879-130-431