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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Cool

District of _____

Town of _____

or Miami
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 111

County Registrar No. 45

Local Registrar No. _____

No. 54 Davis Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Belia Gonzalez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes 7. Date of birth Feb-3-1927
Month Day Year

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

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

10. Color or race Mexican
11. Age at last birthday 27 (Years)

16. Color or race Mexican
17. Age at last birthday 24 (Years)

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

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

13. Occupation Miner
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother } (a) Born alive and now living 1
(Taken as of time of birth of child herein } (b) Born alive but now dead 2
certified and including this child.) } (c) Stillborn None

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 ~~or~~ _____) at 1309 m. 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 C. J. Sotelo M.D.
Address Miami Ariz
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____ Filed Feb-18, 1927 G. G. Dumas
Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar.

272-203-495