

Use one child at a time. A SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Hila

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 147

District of _____

Town of Miami

County Registrar No. 71

or _____

City of _____

No. 3217 Turkey Shoot Carson Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Valentina 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. 14, 1927
Month day year

5. No., in order of birth _____

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

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

10. Color or race Mex.
11. Age at last birthday 31 (Years)

16. Color or race Mex.
17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Zacatecas, Mex.
(State or country)

18. Birthplace (city or place) Jalisco, Mex.
(State or country)

13. Occupation
Nature of industry Miner

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 3
(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 6 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 evidences of life after birth.
Given name added from a supplemental report _____
Signature Byril M. Brown, M.D.
(Physician or midwife)
Address Miami, Arizona

Filed Feb 7, 1927 Le. E. Dorn Local Registrar.
Month, day, year. _____
Registrar. _____
County Registrar.

579 - 214 - 571