

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 181v
 Registered No. 42

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____

2. Full name of child Estelle Gonzales
 (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 Female 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 Feb. 28, 1927
 Month Day Year

8. FATHER
 Full name Gabriel Gonzales

14. MOTHER
 Full maiden name Francisca Luteney

9. Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state.

15. Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state.

10. Color or race Mexican

11. Age at last birthday 30 (Years)

16. Color or race Mexican

17. Age at last birthday 29 (Years)

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

18. Birthplace (city or place) El Paso, Texas
 (State or country)

13. Occupation Miner
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother four
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living three
 (b) Born alive but now dead one
 (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 at 11:45 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 T. C. Harper

 (Physician or midwife).

Given name added from a supplemental report _____
 Address Globe, Arizona
 Month, day, year _____

Filed 2-28-27 Dr. Sr. Norst
 Registrar

572-228-679

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of birth stated.