

SUPPLEMENT ATTACHED

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

State File No. 181  
Registered No. 75

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lydia Gonzales

{ 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 March 27, 1927  
Month Day Year

8. FATHER  
Full name Antonio Gonzales

14. MOTHER  
Full maiden name Candita Carbantes

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

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If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 26 (Years)

16. Color or race Mexican 17. Age at last birthday 19 (Years)

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

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

13. Occupation  
Nature of industry Laborer

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother one  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living one  
(b) Born alive but now dead none  
(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 8:30 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: T. C. Harper  
physician (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Address Globe, Arizona

Filed 3-31-27 M. W. Horst  
Registrar Registrar

372-327-339

RECORD  
WRITING  
If more than one child, at a birth, a SEPARATE RETURN must be made for each, and the number of order of birth stated.