SUPPLEMENT ATTACHED

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 158

County Registrar No.

Local Registrar No. 180

No. 9 Porto Rico Canon St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Leopoldo Gonzalez } 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 5. No., in order of birth

6. Legitimate? yes

7. Date of birth April 15 - 1927. (Month day year)

FATHER

8. Full name Trinidad Gonzalez

9. Residence (Usual place of abode) Miami

If nonresident, give place and state Arizona

10. Color or race Mex.

11. Age at last birthday 49 (Years)

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

13. Occupation Laborer

Nature of industry

MOTHER

14. Full maiden name Refugio Regulado

15. Residence (Usual place of abode) Miami

If nonresident, give place and state Arizona

16. Color or race Mex.

17. Age at last birthday 33 (Years)

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

19. Occupation Housewife

Nature of industry

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 7 (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 alive 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.

Signature Cyril M. Crow M.D. (Physician or ~~midwife~~)

Address Miami, Arizona

Given name added from a supplemental report ..... Month, day, year.

Filed May 11, 1927 [illegible] Local Registrar.

Registrar.

Filed ....., 19.... County Registrar.

772-415-996