ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 145
County Registrar No.
Local Registrar No. 183

PLACE OF BIRTH

1. County of Gila
District of
Town of Miami Ariz
or
City of
No. 716 Church Hill St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eleodoro Alcala
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: Boy

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 May 6 1927 (Month day year)

FATHER

8. Full name Ermenio Alcala

9. Residence (Usual place of abode) 716 Church Hill St.
If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 27 (Years)

12. Birthplace (city or place) La Capilla Guadalupe
(State or country) Jalisco

13. Occupation Miner
Nature of industry

MOTHER

14. Full maiden name Benita Gonzales

15. Residence (Usual place of abode) 716 Church Hill
If nonresident, give place and state

16. Color or race Mexican

17. Age at last birthday 25 (Years)

18. Birthplace (city or place) La Capilla Guadalupe
(State or country) Jalisco Mex

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 6
(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 alive (Born alive or stillborn.) at 4:30 a.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 evidences of life after birth.

Signature Rosa Cortez (~~Physician or~~ midwife)

Address 708 Sullivan St

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

Filed May 11, 1927 C. E. Dorn
Registrar. Local Registrar.

Filed 19
County Registrar.

511-506-272

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.