WRITE MAINLY 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 184

County Registrar No. 228

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of Miami No. 1111 Sullivan St. Ward

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

2. Full name of child Flavia 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

5. No., in order of birth

6. Legitimate? Yes

7. Date of birth May 23 - 1927 (Month day year)

8. FATHER

Full name Francisco Gonzales

9. Residence (Usual place of abode) Miami Ariz

If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 29 (Years)

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

13. Occupation Nature of industry Merchant

14. MOTHER

Full maiden name Josephina Herrera

15. Residence (Usual place of abode) Miami Ariz

If nonresident, give place and state

16. Color or race Mexican

17. Age at last birthday 23 (Years)

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

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 5

(b) Born alive but now dead 1

(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 ..... at 5 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 evidences of life after birth.

Signature C. J. Sotel M.D. (Physician or midwife)

Address Miami Ariz

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

Filed June 8, 1927 C. E. [illegible] Local Registrar.

Registrar.

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

672-523-181