

Supplement Attached

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County Cocon
District of _____
Town of _____
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 164
County Registrar No. 282
Local Registrar No. _____

Full name of child Ronald
3. Sex of Child Male } To be answered ONLY in event of plural births.
4. Twin, triplet or other No
5. No., in order of birth 1st
6. Legitimate? Yes
7. Date of birth June 18 1927
Month day year

8. FATHER
Full name Samuel Gonzales
9. Residence (Usual place of abode) Mesa
If nonresident, give place and state _____

14. MOTHER
Full name Marie Hauziger
15. Residence (Usual place of abode) Mesa
If nonresident, give place and state _____

10. Color or race Mex
11. Age at last birthday 30 (Years)

16. Color or race Mex
17. Age at last birthday 23 (Years)

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

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

13. Occupation Miner
Nature of industry

19. Occupation HR
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 _____
(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 _____ of this child, who was _____ at _____ 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 W. S. Brayton
(Physician or midwife)
Address Mesa

Given name added from a supplemental report _____
Month, day, year 10 20 - 10 18 - 4 85
Registrar.

Filed _____ 19 _____
Filed July 11 19 27
Local Registrar W. E. D...
County Registrar

IN ORDER OF BIRTH