

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

State File No. 294  
 Registered No. 52

**1. PLACE OF BIRTH**

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

2. Full name of child Olga Gonzalez  
(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 July 30 1927  
 Month Day Year

**8. FATHER**  
 Full name Juan Gonzalez  
 9. Residence Hayden  
(Usual place of abode)  
 If non-resident, give place and state.

**14. MOTHER**  
 Full maiden name Maria Seguiroz  
 15. Residence Hayden  
(Usual place of abode)  
 If non-resident, give place and state.

10. Color or race Mexican  
 11. Age at last birthday 28 (Years)  
 12. Birthplace (city or place) Pitiquito  
(State or country) Sonora Mex

16. Color or race Mexican  
 17. Age at last birthday 21 (Years)  
 18. Birthplace (city or place) Mogalis  
(State or country) Sonora

13. Occupation Laborer  
 Nature of Industry Copper Mill

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 \_\_\_\_\_  
 (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 or stillborn) on the date \_\_\_\_\_ above stated.  
 Signature Charles H. Hueston MD  
(Physician or Midwife)

\* 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.  
 Given name added from a supplemental report \_\_\_\_\_  
 Address Hayden Arizona  
 Filed Aug 3, 1927 W. B. Nash Registrar

379-730-422

e number.  
 ... 2. - In case of more than one child at a birth, a SEPARATE order of birth should be filed.