

THIS IS A PERMANENT RECORD
 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
 STANDARD CERTIFICATE OF BIRTH

State File No. 194
 Registered No. 97

1. PLACE OF BIRTH

County Yila State Arizona
 District or Township _____ or Village P.O. Box 64, Claypool, Ariz.
 City Miami No. Claypool, Ariz. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alberto Ponce 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 Feb. 21-1930.
Month Day Year

8. FATHER
Full name Miguel Ponce

14. MOTHER
Full maiden name Amada Gomez

9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

10. Color or race Mex } 11. Age at last birthday 23 (Years)

16. Color or race Mex } 17. Age at last birthday 18 (Years)

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

18. Birthplace (city or place) Ray, Arizona
(State or country)

13. Occupation
 Nature of Industry Miner

19. Occupation
 Nature of Industry Housewife

Number of children of this mother _____ } (a) Born alive and now living. 1
 when as of time of birth of child herein } (b) Born alive but now dead. 0
 died and including this child. } (c) Stillborn 0

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 10 A. on the date above stated.
(Born alive or stillborn)

Signature Leyril M. Brown M.D.
Physician
(Physician or midwife)

Given name added from _____ Address Miami, Arizona
 a supplemental report. Month, day, year

Filed Feb 25 1930 C. E. Jones
 Registrar. Registrar.

175-221-179