

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 120
Registered No. 7

1. PLACE OF BIRTH

County Siila State Arizona
District or Township _____ or Village _____

City Miami No. 10 Graver Canyon St., _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Adilante Jesus Gonzalez } 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 1 1 31 }
Month Day Year

FATHER

8. Full name Irineo Gonzalez

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

10. Color or race Mexican

11. Age at last birthday 37 (Years)

12. Birthplace (city or place) San Miguel
(State or country) Jalisco Mexico

13. Occupation Miner
Nature of Industry _____

MOTHER

14. Full maiden name Refugio Rinera

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

16. Color or race Mexican

17. Age at last birthday 20 (Years)

18. Birthplace (city or place) Globe
(State or country) Arizona

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother 2 } (a) Born alive and now living 1 } 21. Were precautions taken against ophthalmia neonatorum? yes
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 1 } }
} (c) Stillborn _____ } }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ 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 evidence of life after birth.

Signature Rosa Cortez (Physician or Midwife)

Given name added from a supplemental report _____ Address 806 Sullivan Street

Month, day, year _____ Filed Jan 14 19 31 Registrar C. E. [unclear]

672-101-991

each in order of birth stated.