

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 121
Registered No. 5

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 53 Met Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rebecca Alongo
(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 _____ 6. Legitimate? yes 7. Date of birth Jan 2 - 1931
5. No., in order of birth _____ Month Day Year

8. FATHER
Full name Jesus Alongo
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state. Arizona
10. Color or race Mex
11. Age at last birthday 33 (Years)
12. Birthplace (city or place) Jalisco Mex.
(State or country)
13. Occupation
Nature of Industry miner

14. MOTHER
Full maiden name Josephina Gomez
15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state. Arizona
16. Color or race Mex
17. Age at last birthday 33 (Years)
18. Birthplace (city or place) Jalisco Mex.
(State or country)
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 6 } (a) Born alive and now living 6
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0
 } (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 8 A. m. on the date above stated.
(Born alive or stillborn)

Signature Lynil M. Brown M.D.
*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.
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____ Filed Jan 4 1931 Registrar B. E. Davis
Registrar _____ Registrar _____

916-102-179

A COMPLETE & CORRECT RETURN must be made for each, and the number of each in order of birth stated.