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

State File No. 79
Registered No. 90

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 79 Red Springs Canon St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Carlos Gonzalez { 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 Mch. 4 - 1931. Month Day Year

8. FATHER
Full name Gregorio Gonzalez

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

10. Color or race Mex | 11. Age at last birthday 25 (Years)

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

13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Ernestina Medina

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

16. Color or race Mex. | 17. Age at last birthday 30 (Years)

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

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother ..... (Taken as of time of birth of child herein certified and including this child.) 1
(a) Born alive and now living 1
(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 (Born alive or stillborn.) at 4 10 P. m. on the date above stated.

* 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 Cyril M. Crow M.D.
(Physician or midwife).

Address Miami, Arizona

Given name added from a supplemental report ..... Month, day, year

Filed Apr 6, 1931 C. E. [illegible] Registrar

Registrar

379-304-541

N. B.—In case of more than one child at a birth, a separate [illegible] order of birth stated.