

MAKE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—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 noted.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 129
Registered No. 58

1. PLACE OF BIRTH

County Yuma State Ariz
 Township _____ or Village _____
 City Hayden No. _____ St. _____ War _____

2. Full name of child Margarita Gonzales { If child is not yet named, make supplemental report, as directed

3. Sex F. If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____ 6. ~~Born~~ Full term? Yes 7. Legiti- mate? Yes 8. Date of birth 7-20-1921 (Month, day, year)

9. Full name Eugenio FATHER Gonzales

18. Full maiden name Angelita OTHER Garcia

10. Residence (usual place of abode) (If nonresident, give place and State) Hayden

19. Residence (usual place of abode) (If nonresident, give place and State) Hayden

11. Color or race Mex 12. Age at last birthday 38 (Years)

20. Color or race Mex 21. Age at last birthday 26 Years

13. Birthplace (city or place) Solomonville (State or country) Ariz

22. Birthplace (city or place) Oros Blanco (State or country) Ariz

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Boyer Shelter

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work at present

17. Total time (years) spent in this work 9

25. Date (month and year) last engaged in this work _____

26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ { months or weeks

29. Cause of stillbirth _____

Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 1 A m. 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.

(Signed) Fitz R. Wudlow, M. D.

Given name added from a supplemental report 472-720-171 (Date of) _____

or _____, Midwife
Address Hayden Arizona

472-720-171

Filed July 22, 1921 _____ Registrar

Registrar.