MARGIN RESERVED FOR BINDING

WRITE 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 stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 103

Registered No. 24

1. PLACE OF BIRTH

County Gila State ARIZONA

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

City MIAMI No. 6 Mexican Canyon St. ..... Wa

(If birth occurred in a hospital or institution, give its NAME instead of street and numbe

2. Full name of child Socarro Gonzales (If child is not yet named, ma supplemental report, as directe

3. Sex of Child female | 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 Aug 1 1931 (Month Day Year)

8. FATHER

Full name Daniel Gonzales

9. Residence (Usual place of abode) MIAMI, ARIZONA

If non-resident, give place and state.

10. Color or race Mexican | 11. Age at last birthday 36 (Years)

12. Birthplace (city or place) ..... (State or country) Mexico

13. Occupation Miner

Nature of industry Copper

14. MOTHER

Full maiden name Maria Gonzales

15. Residence (Usual place of abode) MIAMI, ARIZONA

If non-resident, give place and state.

16. Color or race Mexican | 17. Age at last birthday 30 (Year

18. Birthplace (city or place) ..... (State or country) Mexico

19. Occupation Housewife

Nature of industry

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against oph thalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 15 A m. on the date above state (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 F. P. Miller

F. P. MILLER, M. D. (Physician or midwife).

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

Address MIAMI, ARIZONA

272-801-472 Registrar

Filed Aug 6, 1931 C. C. [illegible] Registrar