ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 114a

Registered No. 406.

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village: P.O. Box 964 - Miami Ariz

City: Miami No. 714 Live Oak St. St. Ward

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

2. Full name of child: Ophelia Gonzalez (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: 5. No., in order of birth:

6. Legitimate? yes

7. Date of birth: Nov. 16 1931. (Month Day Year)

FATHER

8. Full name: Santiago 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: 27 (Years)

12. Birthplace (city or place): Chihuahua

(State or country): Mex.

13. Occupation: Miner

Nature of Industry:

MOTHER

14. Full maiden name: Maria Figeroa

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: 20 (Years)

18. Birthplace (city or place): Hermosillo

(State or country): Mex.

19. Occupation: Housewife

Nature of Industry:

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 10 15 A. m. on the date above stated.

Signature: Cyril M. Crow M.D. (Physician or midwife).

Address: Miami, Arizona.

* 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.

Given name added from a supplemental report 679-1116-461 (Month, day, year)

Registrar

Filed Jan 5, 1932, Charles E. Arnne Registrar

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.