

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 34  
Registered No. 7

1. PLACE OF BIRTH

County Gila State Arizona  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child. Julia Gonzales  
If birth occurred in a hospital or institution, give its NAME instead of street and number  
If child is not yet named, make supplemental report, as directed

3. Sex female If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature \_\_\_\_\_ Full term \_\_\_\_\_ 7. Legitimate \_\_\_\_\_ mate \_\_\_\_\_ 8. Date of birth Jan 9, 1932  
(month, day, year)

9. Full name Pedro Gonzales FATHER

18. Full maiden name Sara Murdary MOTHER

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

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

11. Color or race Mex 12. Age at last birthday 34 (Years)

20. Color or race \_\_\_\_\_ 21. Age at last birthday 37 (Years)

13. Birthplace (city or place) Juarquivas  
(State or country) Mex

22. Birthplace (city or place) Cupuaquas  
(State or country) Cupuaquas Mex

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

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

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

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 \_\_\_\_\_, 19\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead 2 (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 or stillborn) at 4:00 m. on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) Charles R. ... Midwife

Given name added from a supplemental report. \_\_\_\_\_ (Date of) \_\_\_\_\_

Address Hayden, Ariz  
Filed Jan 12, 1932 Registrar

179-109-258 Registrar