

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 106A

Registered No. 212

1. PLACE OF BIRTH

County Green State Arizona
Township Miami City Midland City
City Miami No. Lavin Road
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex Female If plural births 1 4. Twin, triplet, or other..... 5. Number, in order of birth.....
6. Premature..... 7. Full term..... 8. Aug 16 32
(Month, day, year)

9. Full name of FATHER Manuel Gonzales

16. Full name of MOTHER Rafaela Rodriguez

10. Residence (usual place of abode) (If nonresident, give place of residence) Mex

19. Residence (usual place of abode) (If nonresident, give place of residence) Mex

11. Color of hair..... 12. Age at last birthday 48 (Years)

20. Color of eyes..... 21. Age at last birthday 48 (Years)

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

22. Birthplace (city or place) (State or country) Arizona

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

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

15. Industry or business in which work was done, as mill, sawmill, etc.

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

16. Date (month and year) first engaged in this work..... 17. Total time (years) spent in this work.....

25. Date (month and year) first 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 1 (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..... on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
Nelson D. Brayton, M.D.

Given name added from a supplemental report 472-816-999 (Date of).....
or Miami, Midwife

Address.....
Filed 1932 10 19 32 Registrar.

Registrar.

Registrar.

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.