

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1153
Registered No. 215

1. PLACE OF BIRTH

County Pima State Arizona
Township Miami Village 11 Porto Rico Canon
City Miami No. 11 St. Canon Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child.

Gonzales (If child is not yet named, make supplemental report, as directed)

3. Sex Male If plural births 4. Twin, triplet, or other 6. Premature 7. Let yes 8. Date of birth Aug 20 1932
5. Number, in order of birth Full term (Month, day, year)

9. Full name of FATHER Trinidad Gonzales 18. Full maiden name of MOTHER Refugio Regalado

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

11. Color Mex 12. Age at last birthday 59 (Years) 20. Color Mex 21. Age at last birthday 37 (Years)

13. Birthplace (city or place) Mexico 22. Birthplace (city or place) El Paso Texas
(State or country) (State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. employed 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
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 of last work 17. Total time (years) spent in this work 25. Date (month and year) of last 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 4 (b) Born alive but now dead 4 (c) Stillborn

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 at Miami on the date above stated

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

(Signed) Blair Stroyer, M.D.
or Miriam Ray Midwife

Given name added from a supplemental report 072-828-996 (Date of)

Address Miami
Filed Oct 10 1932 R. E. Dwyer Registrar

In order of birth stated.