ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 88a

Registered No. 10

PLACE OF BIRTH

unty Gila State Ariz.

trict or Township ..... or Village .....

y Globe No. ..... St. ..... Ward

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

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

Sex of Child: male

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 11-16-32 (Month Day Year)

FATHER		MOTHER	
ll name	Antonio Gonzales	14. Full maiden name	Julia Ramos
Residence (Usual place of abode)	Globe	15. Residence (Usual place of abode)	Globe
If non-resident, give place and state.	Ariz.	If non-resident, give place and state.	Ariz.
0. Color or race	Mexican	16. Color or race	Mexican
11. Age at last birthday	25 (Years)	17. Age at last birthday	21 (Years)
Birthplace (city or place)		18. Birthplace (city or place)	Mexico
(State or country)	Mexico	(State or country)	
Occupation	Laborer	19. Occupation	Housewife
ture of Industry		Nature of Industry	

mber of children of this mother 3

as of time of birth of child herein ied and including this child.)

(a) Born alive and now living 3

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

r certify that I attended the birth of this child, who was born alive at 7 P. m. on the date above stated.

(Born alive or stillborn.)

n there was no attending physician ife, then the father, householder, uld make this return. A stillborn one that neither breathes nor er evidence of life after birth.

Signature T. C. Harper

Physician

(Physician or midwife).

s added from ntal report ..... Month, day, year

Address Globe, Ariz.

Registrar

Filed 3/7, 1933 G. E. Wightman Mr.

Registrar

2-9-1116-192