

# ARIZONA STATE BOARD OF HEALTH

State File No. 67

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

Registered No. \_\_\_\_\_

County Coconino State Arizona  
Township Benson or Village \_\_\_\_\_  
City Benson No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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)

2. Full name of child Rita Gonzales

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate?	8. Date of birth
				<u>Yes</u>	<u>May 22, 1935</u> , 19____ (Month, day, year)
		5. Number, in order of birth	Full term		

9. Full name <u>Juan Gonzales</u> <small>FATHER</small>	18. Full maiden name <u>Rita Cheveria</u> <small>MOTHER</small>
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0. Residence (usual place of abode) (If non-resident, give place and State) <u>Benson</u>	19. Residence (usual place of abode) (If non-resident, give place and state) <u>Benson</u>
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1. Color or race <u>Mex</u>	21. Age at last birthday <u>26</u> (Years)
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3. Birthplace (city or place) <u>Tombstone</u> (State or country) <u>Arizona</u>	22. Birthplace (city or place) <u>Nogales</u> (State or country) <u>Arizona</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Powder plant</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work <u>May 22, 1935</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u> 25. Date (month and year) last engaged in this work <u>May 22, 1935</u>
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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 0 (c) Stillborn 0

28. If stillborn, period of gestation	months or weeks	29. Cause of stillbirth	Before labor	During labor
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### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 3:45 A m. on the date above stated  
(Born alive or stillborn)

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

(Signed) J. M. Morrison, M.D.  
or \_\_\_\_\_ Midwife

If named added from supplemental report (Date of)  
972-522-931  
Registrar.

Address \_\_\_\_\_  
Filed 5/23, 1935 Z W Morrison  
Registrar.