

2400

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. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH  
 County of \_\_\_\_\_  
 District of \_\_\_\_\_  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

ARIZONA STATE BOARD OF HEALTH <sup>258</sup>  
 BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH  
 State Index No. \_\_\_\_\_  
 Co. Register No. \_\_\_\_\_  
 Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Victorino Gomez  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Born } YES  
 Alive }

Sex of Child Male } and } Number in order of birth 1 } Legitimate? Yes } Date of Birth Feb 12 1914  
 Twin, Triplet or other  (Month) (Day) (Yr.)

FATHER  
 Full Name Joacquin Gomez  
 Residence San Xavier, Ariz  
 Color or Race Pisano Age at last Birthday 26  
 Birthplace Arizona  
 Occupation Farmer

MOTHER  
 Full Maiden Name Josefa Luciana  
 Residence San Xavier  
 Color or Race Papago Age at last Birthday 24  
 Birthplace Arizona  
 Occupation Housework

Number of child of this mother 3 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on Feb 12 1914, at P M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Joacquin Gomez  
 (Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address San Xavier  
James D. Hays  
 LOCAL REGISTRAR.

079-312-131  
 COUNTY REGISTRAR.

Filed \_\_\_\_\_ 191\_\_\_\_\_ A True Copy  
 Filed \_\_\_\_\_ 191\_\_\_\_\_ COUNTY REGISTRAR.