4345

... RESERVED FOR BINDIN...

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

PLACE OF BIRTH

County of Gila

District of Miami

Town of _____

or

City of _____

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 106

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 10

Local Registrar's No. 7

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Oralia Gonzales — Born Alive YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number; in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Jan (Month) 29 (Day) 1911 (Yr.)

FATHER		MOTHER	
Full Name	Antonio Gonzales	Full Maiden Name	Rita Moreno
Residence	Miami A.T.	Residence	Miami A.T.
Color or Race	W. Mex	Color or Race	W. Mex
Age at last Birthday	23 (Years)	Age at last Birthday	19 (Years)
Birthplace	Mexico	Birthplace	Phoenix A.T.
Occupation	Carpenter	Occupation	House wife

Number of child of this mother 1. | Number of children, of this mother, now living 1 | Were Precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on January 29 1911, at 9:46 A.M.

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

(Signature) W. E. Newhall

(Attending physician, ~~midwife, householder~~ *)

Given or christian name added from a supplemental report _____ 191__

Address Miami A.T.

Filed Feb 5 1911 — B. G. Fox, LOCAL REGISTRAR.

Filed Feb 9 1911 — B. G. Fox, COUNTY REGISTRAR.

COUNTY REGISTRAR.