

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

100 State File No. 4776
Registered No. 115

1. PLACE OF BIRTH
County Gila State Arizona
Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Guerra Delsolero Gonzalez
(if child is not yet named, make supplemental report, as directed)

3. Sex boy If plural births _____
4. Twin, triplet, or other _____
5. Number, in order of birth _____
6. Premature _____ Full term _____
7. Legitimate? yes
8. Date of birth May 12, 1915
(Month, day, year)

FATHER
9. Full name Alfonso Gonzalez
10. Residence (usual place of abode) Miami
(If non-resident, give place and State)
11. Color or race Mex
12. Age at last birthday 40 (Years)
13. Birthplace (city or place) Galisteo
(State or country) Mexico

MOTHER
18. Full maiden name Victoria Nolasco
19. Residence (usual place of abode) Miami
(If non-resident, give place and State)
20. Color or race Mex
21. Age at last birthday 35 (Years)
22. Birthplace (city or place) Delaney
(State or country) estado Galisteo Mex

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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 miner, 1915
17. Total time (years) spent in this work 3

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Domestic
25. Date (month and year) last engaged in this work _____, 19____
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 1 (b) Born alive but now dead _____ (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 11 p. 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) Juana Martinez, M.D.
or _____, Midwife

Given named added from a supplemental report

Address Claypool Arizona

(Date of) 7-9-15

Filed June 21, 1915, O. C. Orrin Registrar.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.