8527

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 Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 122

Co. Register No. 2

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Gregory 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
Male	One		One	Yes	Jan. 3 1916 (Month) (Day) (Yr.)

FATHER	MOTHER
Full Name: Ralph Gonzales	Full Maiden Name: Maria Montana
Residence: Miami Ariz	Residence: Miami Ariz
Color or Race: Mexican — Age at last Birthday: 23 (Years)	Color or Race: Mexican — Age at last Birthday: 22 (Years)
Birthplace: Mexico	Birthplace: Mexico
Occupation: Millman	Occupation: House wife

Number of child of this mother 3 | Number of children, of this mother, now living 3 | 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 Jan 3 1916, at 2 A.M.

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

(Signature) B. W. Hardy M.D.
(Attending physician, ~~midwife, householder.~~*)

Address Miami Ariz

Given or christian name added from a supplemental report 191

Filed Jan 10 1915 — John H Loy
LOCAL REGISTRAR.

772-103-441
COUNTY REGISTRAR.

Filed Feb 8 1916 — A True Copy — B. G. Fox
COUNTY REGISTRAR.