

898

PLACE OF BIRTH
 County of Dea ARIZONA STATE BOARD OF HEALTH
 District of BUREAU OF VITAL STATISTICS 119 State Index No. 620
 Town of Miami ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 200
 or
 City of (No. St; Ward)

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

Sex of Child ♀ Twin, Triplet or other 1 and } Number in order of birth } Legitimacy Y Date of Birth April 6 1917
 (Month) (Day) (Yr.)

FATHER
 Full Name Joseph Gonzales
 Residence Miami
 Color or Race Mex Age at last Birthday 25 (Years)
 Birthplace Mexico
 Occupation Owner

MOTHER
 Full Maiden Name Elvira Perez
 Residence Miami
 Color or Race Mexican Age at last Birthday 18 (Years)
 Birthplace Mexico
 Occupation Home wife

Number of child of this mother 2 Number of Children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Apr 6 1917, at 12⁰⁰ AM.

{ *When there is no attending physician or midwife, then the householder should make this return. } (Signature) Robert E. Jones M.D.
 (Attending physician, midwife, householder.)*

Given or Christian name added from a supplemental report 191 Address 241 Miami

Filed May 10 1917 LOCAL REGISTRAR. John H. Laay
 Filed June 5 1917 A True Copy COUNTY REGISTRAR.

379-406-479
 COUNTY REGISTRAR.

1. Report to be filed within 5 days after birth.