

216

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 154a
Registered No. 104

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 Guadalupe Gomez
3. Sex Female If plural births _____ 4. Twin, triplets, or other _____ 6. Premature _____ 7. Is mother married? yes 8. Date of birth November 18, 1911
5. Number, in order of birth _____ Full term _____ (Month, day, year)

9. Full name FATHER Severo Gomez
10. Residence (usual place of abode) (If non-resident, give place and State) Miami, Ariz.
11. Color or race Mex. 12. Age at last birthday 31 (Years)
13. Birthplace (city or place) (State or Country) Jalisco, Mexico
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper Mines
16. Date (month and year) last engaged in this work _____ 19____
17. Total time (years) spent in this work _____

18. Full maiden name MOTHER Refugia Gutierrez
19. Residence (usual place of abode) (If non-resident, give place and State) Miami, Arizona
20. Color or race Mex. 21. Age at last birthday 24 (Years)
22. Birthplace (city or place) (State or Country) Jalisco, Mexico
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
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 one (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 10:00 P. m. on the date above.
(Born alive or stillborn)
(Signed) Severo Gomez M.D.
My Commission Expires Dec. 31st, 1913
Address 779-1118-979 Culpeper
Given name added from supplemental report _____ (Date of) _____
Filed July 1st, 1936 C. M. Cron Registrar