

2250

PLACE OF BIRTH
 County of Lila
 District of _____
 City of Mission
 or _____
 of _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 270
 Co. Register No. 249
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

(No. _____ St. _____ Ward _____)

Full Name of Child Mary Gomez } Born } YES
 Child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Female } Twin, Triplet or other One } and } Number in order of birth _____ } Legitimate? Yes } Date of Birth June 3 1918
 (Month) (Day) (Yr.)

FATHER		MOTHER	
Name	<u>Modesta Gomez</u>	Full Maiden Name	<u>Adelfo Lucio</u>
Residence	<u>Grover Canyon</u>	Residence	<u>Grover Canyon</u>
Color or Race	<u>Mexican</u>	Color or Race	<u>Mexican</u>
Age at last Birthday	<u>28</u> (Years)	Age at last Birthday	<u>25</u> (Years)
Birthplace	<u>Mexico</u>	Birthplace	<u>Mexico</u>
Occupation	<u>Laborer</u>	Occupation	<u>Housewife</u>
Number of children of this mother	<u>3</u>	Number of Children, of this mother, now living	<u>3</u>
		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on June 3 1918, at L.A.M.
 When there is no attending physician or midwife, then the householder could make this return.

(Signature) Dr. Anna Reguilar
 (Attending physician, midwife, householder.)*

When or Christian name added from a supplemental report _____ 1918
 Filed June 4 1918
John C. Key
 LOCAL REGISTRAR.

When or Christian name added from a supplemental report _____ 1918
 Filed July 6 1918
A. G. Key
 COUNTY REGISTRAR.

479-603-136
 COUNTY REGISTRAR.