

929

R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH Delia
 City of Miami
 State Index No. 125
 Co. Register No. 150
 Local Registrar's No. _____
 (No. _____ St. _____ Ward _____)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

NAME OF CHILD Gonzales } Born NO
 Child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive YES

of <u>1</u>	Twin, Triplet or other _____	and	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>April 5</u> 191 <u>9</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Name <u>Juan Gonzales</u>			Name <u>Maria Rosa</u>		
Residence <u>Miami</u>			Residence <u>Miami</u>		
Color or Race <u>Mex</u>			Color or Race <u>Mex</u>		
Age at last Birthday <u>27</u> (Years)			Age at last Birthday <u>22</u> (Years)		
Birthplace <u>Mexico</u>			Birthplace <u>Miami</u>		
Occupation <u>Miner</u>			Occupation <u>H.W.</u>		

Number of child born to this mother 2 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? No.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on April 5 1919, at 9 P. M.

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

(Signature) No Brayton
 (Attending physician, midwife, householder.)*

Given or Christian name added from a supplemental report _____ 191_____

Address _____
 Filed April 6 1919

272-405-492
 COUNTY REGISTRAR.

A True Copy
 Filed May 6 1919

No Brayton
 LOCAL REGISTRAR
B. J. Gray
 COUNTY REGISTRAR.