

This certificate must be filed by the attending physician 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.

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
 County of Yuma
 District of _____
 Town of Miami
 or _____
 City of _____ (No. _____ St; _____ Ward)

State Index No. 146
 Co. Registrar's No. 784
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Carlos Inocente Gonzalez Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive ~~NO~~

Sex of Child Male ~~Twin, Triplet or other~~ and Number in order of birth 5 Legiti- mate? yes Date of Birth Dec 28 1919.
 Month Day Yr.

FATHER
 Full Name Raphael Gonzalez
 Residence Miami - Arizona
 Color or Race Mex Age at last Birthday 26 Years
 Birthplace Altamira - Mexico
 Occupation Store man

MOTHER
 Full Maiden Name Maria Montana
 Residence Miami, Arizona
 Color or Race Mex Age at last Birthday 25 Years
 Birthplace Sonora, Mex
 Occupation Housewife

Number of child of this Mother 5 Number of Children, of this mother, now living 5 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Dec. 28, 1919, at 6 A.M.

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

Signature Cyril M. Cron M.D.
 Attending physician, midwife, householder.

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

Address Miami, Ariz
 Filed Dec 31 9 191____
 LOCAL REGISTRAR

379-1278-441
 COUNTY REGISTRAR.

A True Copy
 Filed Jan 3 1920
 COUNTY REGISTRAR.