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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 151

Co. Registrar's No. 742

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Miami

or

City of _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Guadalupe Gonzalez

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive: YES ~~NO~~

Sex of Child	Twin, ~~Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth (Month, Day, Yr.)
Female			1	yes	Dec. 10 1920

FATHER		MOTHER	
Full Name	Francisco Gonzalez	Full Maiden Name	Inocencia Jimenez
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	26 Years	Age at last Birthday	23 Years
Birthplace	Jalisco, Mexico	Birthplace	Jalisco, Mexico
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 1 | Number of Children, of this mother, now living 1 | 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. 10, 1920 at 2:30 A. M.

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

Signature Cyril M. Crow M.D.
Attending physician, midwife, householder.*

Address Miami, Arizona

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

Filed 12/30/1920 T. H. Slaughter
LOCAL REGISTRAR.

779-1210-119
COUNTY REGISTRAR.

A True Copy
Filed 1-6 1921 B. G. Fox
COUNTY REGISTRAR.

SEPARATE RETURN must be made for each, 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.