4206

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

County of Gila

District of Inspiration

Town of Inspiration
or
City of _____

State Index No. 772

Co. Register No. 764

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Gregorio Gonzales

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

Born / Alive: YES ~~NO~~

Sex of Child: male | Twin, Triplet or other: and | Number in order of birth: 1 | Legitimate? yes | Date of Birth: 12-23-1920 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Manuel Gonzales	Full Maiden Name	Manuela Gomez
Residence	Inspiration	Residence	Insp.
Color or Race	Mexican	Color or Race	M.
Age at last Birthday	24 (Years)	Age at last Birthday	24 (Years)
Birthplace	Mexico	Birthplace	M.
Occupation	Railroad Labor	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 12-23 1920 at 7 A.M.

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

(Signature) A. McCarrell
(Attending physician, midwife, householder.*)

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

Address Inspiration Ariz.

Filed 12/30/1920

T. H. Slaughter
LOCAL REGISTRAR.

772-1223-419
COUNTY REGISTRAR.

Filed ~~6-27~~ 4-6 1921

A True Copy

B. G. Tia
COUNTY REGISTRAR.