2132

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of (No. St; Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 139

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 12

Local Registrar's No.

FULL NAME OF CHILD Rachael Gonzalez | Born Alive | YES ~~NO~~

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

Sex of Child	~~Twin, Triplet~~ or other	and	Number in order of birth	Legitimate	Date of Birth Month	Day	Yr.
Female			4	yes	Jan.	2	1921

FATHER		MOTHER	
Full Name	Jose Gonzalez	Full Maiden Name	Dora Perez
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	32 Years	Age at last Birthday	22 Years
Birthplace	Leon, Mexico	Birthplace	Jalisco- Mexico
Occupation	Stoke man	Occupation	Housewife

Number of child of this Mother 4 | Number of Children, of this mother, now living 4 | 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 Jan. 2, 1921, at 7:30 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 Jan 27 1921 B. N. Hardy M.D. LOCAL REGISTRAR.

A True Copy

Filed Feb 6 1921 B. G. Fox COUNTY REGISTRAR.

TT-102-477 COUNTY REGISTRAR.

N. B.—In case of twins, triplets or more, write after 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.