2176

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 175

Co. Registrar's No. 44

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 Josephina Gonzalez

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

Born Alive YES ~~NO~~

Sex of Child Female | ~~Twin, Triplet~~ or other | and | Number in order of birth 5 | Legitimate? yes | Date of Birth Jan. 21 1921 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Desiderio Gonzalez	Full Maiden Name	Maria Gonzalez
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex.	Color or Race	Mex.
Age at last Birthday	31 Years	Age at last Birthday	24 Years
Birthplace	Zacetecas, Mexico	Birthplace	Zacetecas, Mexico
Occupation	Mucker	Occupation	Housewife

Number of child of this Mother 5 | 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. 21, 1921, at 2 A.M. 30

*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. M. Hardy M.D.
LOCAL REGISTRAR.

179-121-479
COUNTY REGISTRAR.

Filed Feb 5 1921

A True Copy

B. G. Fox
COUNTY REGISTRAR.

they ..... 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.