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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

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

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 108
Co. Registrar's No. 109
Local Registrar's No. _____

FULL NAME OF CHILD Jose 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 } Legiti- mate? yes } Date of Birth March 12 - 1921
Month Day Yr.

FATHER
Full Name Rosario Gonzalez
Residence Miami, Arizona
Color or Race Mex Age at last Birthday 19 Years
Birthplace Jalisco, Mex
Occupation Smelter man

MOTHER
Full Maiden Name Cruz Otara
Residence Miami, Ariz.
Color or Race Mex Age at last Birthday 17 Years
Birthplace Sonora, Mex
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 March 12, 1921, at 4 A.M.

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

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

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

Address Miami, Arizona
B.N. Haidy M.D.
LOCAL REGISTRAR.

Filed Mar 31 1921

A True Copy

Filed Apr 7 1921

COUNTY REGISTRAR.

COUNTY REGISTRAR.

179-312-361

or midwife with each local Registrar within 5 days after birth.