Damaged Document(s)

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and 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.

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

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 164

Co. Registrar's No. 307

Local Registrar's No.

FULL NAME OF CHILD Maria Concepcion 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: May (Month) 14 (Day) 1921 (Yr.)

FATHER		MOTHER	
Full Name	Rafael Gonzalez	Full maiden name	Maria Montana
Residence	Miami Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	27 Years	Age at last Birthday	26 Years
Birthplace	Mexico	Birthplace	Moctezuma Son. Mex.
Occupation	Miner	Occupation	Housewife

Number of child of this Mother: 5 | Number of Children, of this mother, now living: 5 | 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 May 14 1921, at 8 A. M.

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

Signature C. M. Crow M.D.

Attending physician, ~~midwife, householder.~~*

Address Miami Arizona

Given or Christian name added from a supplemental report 191

Filed May 25 1921 B. Ward

LOCAL REGISTRAR.

479-514-441

COUNTY REGISTRAR.

Filed 6-1 1921

A True Copy

B. G. Gray

COUNTY REGISTRAR.