970

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated. This certificate must be filed by the attending Phys. 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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 108

Co. Registrar's No. 162

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Maria de La Paz Gonzalez | Born Alive | YES ~~NO~~

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

Sex of Child Female | ~~Twin, Triplet or other~~ and Number in order of birth 11 | Legitimate? yes | Date of Birth April 16 1922 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Bernardo Gonzalez	Full Maiden Name	Guillerma Barba
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex.	Color or Race	Mex.
Age at last Birthday	42 Years	Age at last Birthday	42 Years
Birthplace	Jalisco, Mexico	Birthplace	Jalisco, Mexico
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 11 | Number of Children, of this mother, now living 8 | 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 April 16, 1922, at 7 05 P.M.

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

Signature C. M. Cron M. D.
Attending physician, midwife, householder.*

Address Miami, Arizona

Given or Christian name added from a supplemental report 191

Filed Apr 30 1922 B M Ford
LOCAL REGISTRAR.

479-416-721
COUNTY REGISTRAR.

Filed 5/6 1922 A True Copy B G Fox
COUNTY REGISTRAR,