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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 164

Co. Registrar's No. 504

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 Theresa 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	Oct.	26	1922

FATHER		MOTHER	
Full Name	Herman Gonzalez	Full Maiden Name	Maria Veruna
Residence	Miami, Ariz.	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	28 Years	Age at last Birthday	20 Years
Birthplace	Zacatecas, Mex.	Birthplace	Zacatecas, Mexico
Occupation	Miner	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 Oct. 26, 1922 at 9 15 P.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.*

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

Address Miami, Arizona

Filed 10/31/22 191__

B. W. Hardy by C. E. Irvin
LOCAL REGISTRAR.

379-1026-451
COUNTY REGISTRAR.

Filed 11/6 1922

A True Copy

B. S. Fox
COUNTY REGISTRAR.

N. B.—In case of more than one child at birth, a Supplemental Report must be filed by the attending Physician 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.