

1164

in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Sula  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 116  
County Registrar No. 157  
Local Registrar No. \_\_\_\_\_

2. Full name of child Juanita Gonzalez (If birth occurred in a hospital or institution, give its NAME instead of street and number) No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth 5 6. Legitimate? yes 7. Date of birth Feb. 5 - 1924. Month Day Year

8. FATHER  
Full name Herman Gonzalez

14. MOTHER  
Full maiden name Maria Verumen

9. Residence (Usual place of abode) Miami, Ariz.  
If nonresident, give place and state

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If nonresident, give place and state

10. Color or race Mex 11. Age at last birthday 30 (Years)

16. Color or race Mex 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Zacatecas, Mex  
(State or country)

18. Birthplace (city or place) Zacatecas, Mex  
(State or country)

13. Occupation  
Nature of industry Miner

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 5 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 3 A. m. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Byril M. Brown, M.D. (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year.

Filed Feb 31, 1924  
Filed 4-5, 1924

Registrar. \_\_\_\_\_

Local Registrar. B. S. Day  
County Registrar. \_\_\_\_\_

179-208-455