2080

Damaged Document(s)

PLACE OF BIRTH

1. County of Gila.

District of Michelson

Town of Christmas.

or

City of ..... No. ..... St. ..... Wa

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 154

County Registrar No. 671

Local Registrar No. /

2. Full name of child Evageline Gamez. (If child is not yet named, make supplemental report, as directed)

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 4th

6. Legitimate? Y

7. Date of birth Mar. 16 1924 (Month day year)

8. FATHER

Full name Candeliro Gamez.

9. Residence (Usual place of abode) Christmas Ariz.

If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Sinloa Mex.

(State or country)

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Elisa Mungaray

15. Residence (Usual place of abode) Christmas Ariz.

If nonresident, give place and state

16. Color or race Mexican

17. Age at last birthday 28

18. Birthplace (city or place) Mammoth Ariz.

(State or country) Pinal Ariz.

19. Occupation

Nature of industry House Wife.

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 4

(b) Born alive but now dead 1

(c) Stillborn .....

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

*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 evidences of life after birth.

Signature Carmen V Mungaray (Physician or midwife)

Address Christmas Arizona

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

Filed Sept 1, 1924 [signature] Local I.

Filed 9-8, 1924 [signature] County I.

Registrar.

579-316-548