WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 143

County Registrar No. 297

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

No. St. Ward

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

2. Full name of child Ortencia Gonzalez

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

6. Legitimate? Yes

7. Date of birth April 14 1924 (Month day year)

8. FATHER

Full name Pedro Gonzalez

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

If nonresident, give place and state

10. Color or race Mex

11. Age at last birthday 30 (Years)

12. Birthplace (city or place) (State or country) Mexico

13. Occupation Timberman

Nature of industry Copper Mine

14. MOTHER

Full maiden name Ophelia Mechilla

15. Residence (Usual place of abode) Miami Arizona

If nonresident, give place and state

16. Color or race Mex

17. Age at last birthday 29 (Years)

18. Birthplace (city or place) (State or country) Mexico

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 3

(b) Born alive but now dead 0

(c) Stillborn 0

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 alive (Born alive or stillborn) at 9:30 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 evidences of life after birth.

Signature Charles E. Irwin M.D. (Physician or midwife)

Address Miami Arizona

Given name added from a supplemental report

Month, day, year.

Filed Apr 30 1924 C. E. Irwin Local Registrar.

Registrar.

Filed 5-5 1924 B. G. Fia County Registrar.

679-414-641