

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

1. County of Yuma District of Miami Town of \_\_\_\_\_  
City of \_\_\_\_\_ No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? \_\_\_\_\_ 7. Date of birth July 16 1924  
Month Day Year

<p>8. FATHER Full name <u>Juan Gonzalez</u></p> <p>9. Residence (Usual place of abode) <u>Miami</u> If non-resident, give place and state.</p> <p>10. Color or race <u>Mex</u></p> <p>11. Age at last birthday <u>33</u> (Years)</p> <p>12. Birthplace (city or place) <u>Mexico</u> (State or country)</p> <p>13. Occupation Nature of industry <u>Miami</u></p>	<p>14. MOTHER Full maiden name <u>Juanita Gutierrez</u></p> <p>15. Residence (Usual place of abode) <u>Miami</u> If non-resident, give place and state.</p> <p>16. Color or race <u>Mex</u></p> <p>17. Age at last birthday <u>29</u> (Years)</p> <p>18. Birthplace (city or place) <u>Mexico</u> (State or country)</p> <p>19. Occupation Nature of industry <u>HW</u></p>
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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 alive at \_\_\_\_\_ m. on the date above stated  
(Born alive or stillborn)

Signature Nelson B. Drayton (Physician or midwife).  
Address Miami

\*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.

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

Filed July 31 1924 \_\_\_\_\_ Local Registrar.  
Filed AUG 5 1924 RES. J. Hox County Registrar.

Registrar \_\_\_\_\_

679-716-179