

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

1. County of Hila State Index No. 128
 District of _____ County Registrar No. 624
 Town of Miami Local Registrar No. _____
 or _____ St. _____ Ward _____
 City of _____ No. 3306 Turkey Shout (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alphonso Gonzalez } If child is not yet named, make supplemental report, as directed.
 3. Sex of Child Male To be answered ONLY in event of plural births. }
 4. Twin, triplet or other. 0 }
 5. No., in order of birth. 1 }
 6. Legitimate? yes }
 7. Date of birth Aug. 11 - 1924 }
 Month day year

8. FATHER
 Full name Santos Gonzalez
 9. Residence (Usual place of abode) Miami
 If nonresident, give place and state Ariz.
 10. Color or race Mex.
 11. Age at last birthday 27 (Years)
 12. Birthplace (city or place) Zacatecas
 (State or country) Mex
 13. Occupation
 Nature of industry Laborer
 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. 1
 (b) Born alive but now dead. _____
 (c) Stillborn _____

14. MOTHER
 Full maiden name Stemalina Picasa
 15. Residence (Usual place of abode) Miami
 If nonresident, give place and state Ariz.
 16. Color or race Mex.
 17. Age at last birthday 18 (Years)
 18. Birthplace (city or place) Jalisco
 (State or country) Mex
 19. Occupation
 Nature of industry Housewife
 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 at 20 m. on the date above stated.
 (Born alive or stillborn.)

Signature Eyrl M. Crow M.D. (Physician or midwife)
 Address Miami, Ariz.
 Filed Aug 31, 1924
 Filed 9-5, 1924
 Registrar. Bill Jick Local Registrar.
 County Registrar.

MARGIN RESERVED FOR BINDING
 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.

179-811-871