

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.

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila PLACE OF BIRTH
 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)

State Index No. 168
 County Registrar No. 692
 Local Registrar No. _____

2. Full name of child Renehan 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 _____ 5. Legitimate? yes 6. Legitimate? _____ 7. Date of birth Aug. 24, 1924
 Month day year

8. FATHER		14. MOTHER	
Full name <u>Jose Gonzalez</u>		Full maiden name <u>Dora Ruiz</u>	
9. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and state	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>35</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>25</u> (Years)
12. Birthplace (city or place) <u>Mexico</u> (State or country)		18. Birthplace (city or place) <u>Mexico</u> (State or country)	
13. Occupation <u>miner</u> Nature of industry		19. Occupation <u>house wife</u> Nature of industry	

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 6
 (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 or stillborn.) at 10 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.
 Given name added from a supplemental report _____

Signature L. M. Tompkins (Physician or midwife)
 Address _____
 Filed Sept 30 1924 Lee E. Davis Local Registrar.
 Filed 10-6 1924 B. S. Gray County Registrar.

Registrar. _____

972-824-499