225

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

1. County of Gila
District of
Town of Claypool
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. 180
County Registrar No. 532
Local Registrar No. .....

2. Full name of child Jesus Gonzales } 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. No., in order of birth .....
6. Legitimate? Yes
7. Date of birth Oct 30 - 1924 (Month day year)

FATHER	MOTHER
8. Full name Jesus Gonzales	14. Full maiden name Virginia Mendez
9. Residence (Usual place of abode) Claypool If nonresident, give place and state Ariz	15. Residence (Usual place of abode) Claypool If nonresident, give place and state Ariz
10. Color or race Mexican 11. Age at last birthday 44 (Years)	16. Color or race Mexican 17. Age at last birthday 33 (Years)
12. Birthplace (city or place) Mexico (State or country)	18. Birthplace (city or place) Mexico (State or country)
13. Occupation Nature of industry Laborer	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 9
(b) Born alive but now dead 2
(c) Stillborn None

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 ..... at 9 P. m. on the date above stated.
(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 C. L. Fotel MA (Physician or midwife)
Address Mt Ariz

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

Filed Oct 31, 1924 C. E. Tom Local Registrar.

Filed 11-5, 1924 B. G. Fox County Registrar.

Registrar.

172-1030-549

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.

WRITE PLAINLY WITH UNFADING INK ... PERMANENT RECORD