

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of \_\_\_\_\_

or

City of GlobeBUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 184

County Registrar No. \_\_\_\_\_

Local Registrar No. 101No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Jose 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. \_\_\_\_\_ 6. Legitimate. yes 7. Date of birth Feb 27, 1925  
Month day year8. FATHER  
Full name Eugenio Gonzales14. MOTHER  
Full maiden name Inez C. Gonzales9. Residence (Usual place of abode) Box 1426  
If nonresident, give place and state Globe15. Residence (Usual place of abode) Globe  
If nonresident, give place and state \_\_\_\_\_10. Color or race Mexican 11. Age at last birthday 35 (Years)16. Color or race Mexican 17. Age at last birthday 29 (Years)12. Birthplace (city or place) Soeroro, Texas  
(State or country)18. Birthplace (city or place) Soeroro  
(State or country) Texas13. Occupation miner  
Nature of industry19. Occupation Housewife  
Nature of industry20. 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 2 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? no

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 a.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 (No mark) Alejandra Hueros de Rivera  
(Physician or midwife)Address Globe Arizona Box 2258Given name added from a supplemental report \_\_\_\_\_ Filed May 30 1925 H. H. Ford  
Month, day, year. Local Registrar.

Registrar.

Filed \_\_\_\_\_ 19\_\_\_\_

County Registrar.

172-227-972

or each. - 2 - number of use

in order of birth stated.

child a.

N. B.—In case of mother