

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Lila
 District of Lila
 Town of Miami
 or Miami Ariz
 City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 191
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Madesta Gomez (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 3. Sex of Child _____ To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 5. No., in order of birth 9 } 6. Legitimate? _____ 7. Date of birth Mar. 26 1925 (If child is not yet named, make supplemental report, as directed.)
 Month day year

8. FATHER
 Full name Jesus Gomez
 9. Residence (Usual place of abode) Miami
 If nonresident, give place and state Mex. Coahuila Ariz
 10. Color or race Brown
 11. Age at last birthday 47 (Years)
 12. Birthplace (city or place) Mex. S. Juan de los Rios Jalisco
 (State or country)
 13. Occupation Miner
 Nature of industry

14. MOTHER
 Full maiden name Branhia Munoz
 15. Residence (Usual place of abode) Miami Ariz
 If nonresident, give place and state Mex Coahuila
 16. Color or race Brown
 17. Age at last birthday 40 (Years)
 18. Birthplace (city or place) Jalisco Mex. S. Juan de los Rios
 (State or country)
 19. Occupation _____
 Nature of industry Domestic

20. Number of children of this mother (a) Born alive and now living 4
 (Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 2
 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Madesta Gomez at 1 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 Bianca Gutierrez (Physician or midwife)
 Address Clay Pool Ariz
 Given name added from a supplemental report Mar. 26 1925 Filed April 5, 1925
 Month, day, year. _____ Local Registrar _____

Registrar.

Filed _____ 19____

County Registrar.

499-326-249