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.

1. PLACE OF BIRTH

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1980

Registered No. 113

County Gila State ARIZONA

Township ..... or Village .....

City Miami No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Celia Gomez (If child is not yet named, make supplemental report, as directed)

3. Sex Female

If plural births: 4. Twin, triplets, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Is mother married? yes

8. Date of birth March 28, 19 25 (Month, day, year)

FATHER	MOTHER
9. Full name: Jesus Gomez	18. Full maiden name: Braulia Munoz
10. Residence (usual place of abode) (If non-resident, give place and State): Miami, Arizona	19. Residence (usual place of abode) (If non-resident, give place and State): Miami, Arizona
11. Color or race: Mex. 12. Age at last birthday: 47 (Years)	20. Color or race: Mex. 21. Age at last birthday: 42 (Years)
13. Birthplace (city or place): San Juan (State or Country): Jalisco, Mexico	22. Birthplace (city or place): San Juan (State or Country): Jalisco, Mexico
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Mines	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead ..... (c) Stillborn .....

28. If stillborn, period of gestation ..... months or weeks

29. Cause of stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 A.M. m. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Jesus Gomez (Father), ~~M. D.~~

or ....., ~~Midwife~~

Address 122 S. 6th Ave. Glendale

Given name added from a supplemental report .....

(Date of) 379 - 328 - 249 Registrar.

Filed Aug. 12th, 1936. C. M. Crow Registrar.

20M 1-8-36 Form No. 2 MS—100 Rag

Witnessed signature of Father in the office 8-8-36 G. C. S. (C)