WRITE PLAIN 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

PLACE OF BIRTH

1. County of Gila

District of Lower Miami

Town of Miami

or

City of ..... No. 5 Parts Rico Hill St. ..... Ward

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

State Index No. 193

County Registrar No. .....

Local Registrar No. 75

2. Full name of child Bonifacio Gomez } 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 May 14. 1925 (Month day year)

8. FATHER

Full name Augustin Gomez

9. Residence (Usual place of abode) Miami Ariz

If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 33 (Years)

12. Birthplace (city or place) .....

(State or country) Mexico

13. Occupation Laborer Copper

Nature of industry Smelter

14. MOTHER

Full maiden name Pabla Lulbano

15. Residence (Usual place of abode) Miami Ariz

If nonresident, give place and state

16. Color or race Mexican

17. Age at last birthday 29 (Years)

18. Birthplace (city or place) .....

(State or country) Mexico

19. Occupation

Nature of industry Housewife

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 2

(b) Born alive but now dead 1

(c) Stillborn 1

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 alive at 10:50 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 Fr. Tomelli

(Physician ~~or midwife~~)

Address Miami, Ariz.

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

Filed May 26, 1925 R. E. Irvin

Local Registrar.

Registrar.

Filed ....., 19.. .....

County Registrar.

279-514-736