

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 199  
 Registered No. 129

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Romelia Gomez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child F. 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 16, 1925  
 Month Day Year

**8. FATHER**  
 Full name Louis Gomez  
 9. Residence (Usual place of abode) Globe Ariz  
 If non-resident, give place and state \_\_\_\_\_  
 10. Color or race Mex  
 11. Age at last birthday 24 (Years)  
 12. Birthplace (city or place) Morenci Ariz.  
 (State or country) \_\_\_\_\_  
 13. Occupation  
 Nature of Industry Laborer.

**14. MOTHER**  
 Full maiden name Rosa Cabanall  
 15. Residence (Usual place of abode) Globe Ariz.  
 If non-resident, give place and state \_\_\_\_\_  
 16. Color or race Mex  
 17. Age at last birthday 26 (Years)  
 18. Birthplace (city or place) Mexico  
 (State or country) \_\_\_\_\_  
 19. Occupation  
 Nature of Industry Housewife.

20. Number of children of this mother 3  
(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 0  
 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 born alive at 11:30 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 evidence of life after birth.  
 Signature C.W. Adams  
Globe (Physician or midwife)  
Ariz.

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Filed May 30, 1925 Registrar N. W. Foster  
 Registrar

979-516-933

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.