

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

State File No. 193  
 Registered No. 139

1. PLACE OF BIRTH  
 County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 711 Church Hill Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>June 24, 1925</u> Month Day Year
		5. No., in order of birth <u>3</u>		

8. FATHER  
 Full name Leonides Gomez  
 9. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state.  
 10. Color or race Mex.  
 11. Age at last birthday 30 (Years)  
 12. Birthplace (city or place) Jalisco, Mex.  
 (State or country)  
 13. Occupation  
 Nature of industry Miner

14. MOTHER  
 Full maiden name Maria Ordorica  
 15. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state.  
 16. Color or race Mex.  
 17. Age at last birthday 25 (Years)  
 18. Birthplace (city or place) Jalisco, Mex.  
 (State or country)  
 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 <u>3</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
(b) Born alive but now dead _____	
(c) Stillborn _____	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born at 6:20 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 Byril M. Brown M.D.  
Miami, Arizona  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Address \_\_\_\_\_  
 Filed July 2, 1925 C. S. Dorn  
 Registrar

179 - 624 - 466

MARGIN RESERVED FOR BINDING  
 WRITE PENCIL ONLY 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.