

PLACE OF BIRTH

1. County of Gila

District of _____

Town of Globe

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 163

County Registrar No. _____

Local Registrar No. 182

St. _____ Ward _____

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

If child is not yet named, make supplemental report, as directed.

2. Full name of child Alfonso Gonzales3. Sex of Child maleTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate? yes7. Date of birth July 8, 1925Month July day 8 year 1925

5. No., in order of birth _____

3. FATHER
Full name Gabriel Gonzales14. MOTHER
Full maiden name Francisca Gutierrez9. Residence
(Usual place of abode)
If nonresident, give place and state Globe, Ariz.15. Residence
(Usual place of abode)
If nonresident, give place and state Globe, Ariz.10. Color or race
mexican16. Color or race
mexican11. Age at last birthday 30 (Years)17. Age at last birthday 29 (Years)12. Birthplace (city or place)
(State or country) Mexico18. Birthplace (city or place)
(State or country) El Paso Texas13. Occupation
Nature of industry miner19. Occupation
Nature of industry Housewife20. Number of children of this mother (a) Born alive and now living Two
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead none
(c) Stillborn none21. 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 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 T. C. Harper, M. D.
(Physician or midwife)
Address Globe, Ariz.Given name added from _____
a supplemental report _____ Filed 7/30, 1925
Month, day, year. _____ Local Registrar. W. J. Wood172-708-679
Registrar.

Filed _____ 19 _____ County Registrar.

WRITE INK WITH UNFADING INK—THIS IS A PERM. NT 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.