

## PLACE OF BIRTH

1. County of Gila  
 District of 19  
 Town of Miami  
 or  
 City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 181  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 163

2. Full name of child Alejo Gonzalez } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Boy 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 July 17 1925  
 Month day year

3. FATHER  
 Full name Estevan Gonzalez

9. Residence (Usual place of abode) lower Miami  
 If nonresident, give place and state

10. Color or race Mexican 11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Aguas Calientes  
 (State or country) Mexico

13. Occupation  
 Nature of industry miner

14. MOTHER  
 Full maiden name Adensia Moreno

15. Residence (Usual place of abode) lower Miami  
 If nonresident, give place and state

16. Color or race Mexican 17. Age at last birthday 29 (Years)

18. Birthplace (city or place) Arizaba  
 (State or country) Mexico

19. Occupation  
 Nature of industry Dentist

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) 3 (a) Born alive and now living 3 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ 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 7 P.M. on the date above stated.  
 (Born alive or stillborn.)

Signature Juana Martinez (Physician or midwife)

Address El Campesino, Arizona

Given name added from a supplemental report \_\_\_\_\_ Filed July 22, 1925 Local Registrar.

Month, day, year. 172-717-646 Registrar. Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar.

MARG. RECEIVED FOR L.A. WRITE MAINLY WITH UNFADING INK—THIS IS A PERM. ENT 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.