

WRITE PLAINLY WITH 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of _____
 District of _____
 Town of _____
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 106
 County Registrar No. _____
 Local Registrar No. 267

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 St. _____ Ward _____

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

3. Sex of Child M 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 9. 11. 25
 Month Day Year

8. FATHER
 Full name Jose Gomez

14. MOTHER
 Full maiden name Luisa Villarreal

9. Residence (Usual place of abode) Mexico
 If non-resident, give place and state.

15. Residence (Usual place of abode) Mexico
 If non-resident, give place and state.

10. Color or race _____ 11. Age at last birthday 38 (Years)

16. Color or race _____ 17. Age at last birthday 33 (Years)

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

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

13. Occupation
 Nature of industry Miner

19. Occupation
 Nature of industry H. W.

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 9
 (b) Born alive but now dead 0
 (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 _____ at _____ p.m. on the date above stated
 (Born alive or stillborn.)

Signature C. F. Perkins (Physician or midwife)
 Address Mexico

Given name added from a supplemental report. Month, day, year _____
179-911-353 Filed _____ 19____
 Registrar _____ Local Registrar _____
 County Registrar _____