

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

State File No. 133  
 Registered No. 386

**1. PLACE OF BIRTH**

County Dela State Arizona  
 District or Township Adobe Hill or Village \_\_\_\_\_  
 City Miami No. 1078 Adobe Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

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

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

8. **FATHER**  
 Full name Pablo Gonzales

14. **MOTHER**  
 Full maiden name Mercedes Morling

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

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

10. Color or race  
Mexican

11. Age at last birthday 26 (Years)

16. Color or race  
Mexican

17. Age at last birthday 22 (Years)

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

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

13. Occupation  
 Nature of Industry Machine man  
Copper mine

19. Occupation  
 Nature of Industry Housewife

20. Number of children of this mother 1  
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 0  
 (b) Born alive but now dead 0  
 (c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? 1

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

I hereby certify that I attended the birth of this child, who was stillborn at 5:30 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 J. J. Muller  
 M.D.  
 (Physician or midwife)

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

Address Miami, Arizona

Filed Dec 12, 1925 C. C. J. J.

Registrar

Registrar

072-1204-449

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.