

## 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. 138County Registrar No. 577

Local Registrar No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Polares Gonzalez { 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. Legitimate? yes 6. Date of birth 4-10-26  
Month Day Year

8. FATHER

Full name Jesus Gonzalez9. Residence (Usual place of abode) MiamiIf non-resident, give place and state. Miami10. Color or race Mex.11. Age at last birthday 40 (Years)12. Birthplace (city or place) Mexico

(State or country)

13. Occupation Laborer

Nature of industry

14. MOTHER

Full maiden name Virginia Mendez15. Residence (Usual place of abode) MiamiIf non-resident, give place and state. Miami16. Color or race Mex.17. Age at last birthday 34 (Years)18. Birthplace (city or place) Mexico

(State or country)

19. Occupation H. W.

Nature of industry

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 2 (c) Stillborn 0 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 slim at 2 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 C. E. Perkins (Physician or midwife.) Address Miami, Ariz.Given name added from a supplemental report Filed April 11, 1926 Local Registrar.

Month, day, year

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

479-410-549