

WANTED RETURNED TO THE COUNTY REGISTER. 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 Yila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 167  
County Registrar No. 854  
Local Registrar No. \_\_\_\_\_

2. Full name of child Francisco Gonzalez  
(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.

3. Sex of Child Male | 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 Sept. 25, 1926  
Month Day Year

8. FATHER  
Full name Adalberto Gonzalez  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
10. Color or race Mex.  
11. Age at last birthday 28 (Years)  
12. Birthplace (city or place) Jalisco, Mex.  
(State or country)  
13. Occupation  
Nature of industry Miner

14. MOTHER  
Full maiden name Victoria Almedarez  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
16. Color or race Mex.  
17. Age at last birthday 33 (Years)  
18. Birthplace (city or place) Chihuahua Mex.  
(State or country)  
19. Occupation  
Nature of industry Housewife

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 8  
(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 at 4:15 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 Byril M. Brown (Physician or midwife)  
Address Miami, Arizona

Given name added from a supplemental report. Month, day, year Filed Oct 4, 1926 Local Registrar C. E. Irving

Registrar

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

County Registrar.

679-925-519