

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

State File No. 60149  
 Registered No. 60

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. #134 Smelter St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child** Guillermo Gonzalez

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

**3. Sex of Child**

To be answered ONLY in event of plural births.  
Male

**4. Twin, triplet or other**

**5. No., in order of birth**

**6. Legitimate?**

yes

**7. Date of birth**

Feb-10-1928  
 Month Day Year

**8.**

**FATHER**

Full name Jose Gonzalez

**9. Residence**

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

**10. Color or race**

Mex.

**11. Age at last birthday** 37 (Years)

**12. Birthplace (city or place)**

(State or country) Juista, New Mex.

**13. Occupation**

Nature of Industry Miner

**14.**

**MOTHER**

Full maiden name Armeda Mc Barnett

**15. Residence**

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

**16. Color or race**

Mex.

**17. Age at last birthday** 22 (Years)

**18. Birthplace (city or place)**

(State or country) Sonora, Mex.

**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 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 12<sup>10</sup> 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 Lynel M. Brown M.D.

Physician  
(Physician or midwife).

Address Miami, Arizona

Filed Feb 15, 28 E. E. Jones  
 Registrar

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

779-210-123

WRITE PLAINLY WITH UNFADING 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.