

PLACE OF BIRTH

1. County of Maricopa
 District of _____
 Town of Mesa
 or _____
 City of _____ No. _____ St. _____ Ward _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 152
 County Registrar No. 119
 Local Registrar No. _____

2. Full name of child Josefina Gusman } 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..... } 6. Legitimate? }
 5. No., in order of birth. 1 } yes } 7. Date of birth March 19th 1928
 Month Day Year

| 8. FATHER | | 14. MOTHER | |
|--|--|---|--|
| Full name <u>Juan Gusman</u> | | Full maiden name <u>Zauterice Perez</u> | |
| 9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state | | 15. Residence (Usual place of abode) <u>Miami Ariz.</u> If nonresident, give place and state | |
| 10. Color or race <u>Mexican</u> | 11. Age at last birthday <u>30</u> (Years) | 16. Color or race <u>Mexican</u> | 17. Age at last birthday <u>30</u> (Years) |
| 12. Birthplace (city or place) <u>Mexico</u> (State or country) | | 18. Birthplace (city or place) <u>Mexico</u> (State or country) | |
| 13. Occupation <u>Laborer</u> Nature of industry <u>Mining</u> | | 19. Occupation <u>Housewife</u> Nature of industry _____ | |
| 20. Number of children of this mother } (a) Born alive and now living <u>1</u> (Taken as of time of birth of child herein } (b) Born alive but now dead <u>None</u> certified and including this child.) } (c) Stillborn <u>None</u> | | 21. Were precautions taken against ophthalmia neonatorum? <u>yes</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 P. 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 John Hagan
 (Physician or midwife)

Address Inspiration, Ariz.

Given name added from supplemental report _____ Filed March 25, 1928 _____
 Month, day, year. Local Registrar.

Registrar.

Filed _____ 19 _____
 County Registrar.

175-319-4677